## Case 2:19-bk-54012 Doc 1 Filed 06/19/19 Entered 06/19/19 09:48:51 Desc Main Document Page 1 of 75

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| SOUTHERN DISTRICT OF OHIO                       | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |   |
|-----|--|--|---|---|
|     |  | About Debtor 1:  |   | About Debtor 2 (Spouse Only in a Joint Case):   |
| 1.  | Your full name   |  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | First name  Allen Middle name  Underwood  Last name and Suffix (Sr., Jr., II, III) | - | KLee First name  Ann Middle name  Underwood Last name and Suffix (Sr., Jr., II, III)  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Brad Underwood   |   | K'Lee Underwood Kaylee Underwood Lee Underwood Kylee Underwood FKA KLee Cotton FKA Kaylee Cotton FKA KL Cotton FKA KL Cotton FKA Lee Cotton |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-6196  |   | xxx-xx-0141   |

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Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5. | Where you live   | 7490 Julian Road Amanda, OH 43102  Number, Street, City, State & ZIP Code  Fairfield  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address:  184 Fairview Boulevard Circleville, OH 43113  Number, Street, City, State & ZIP Code  Pickaway  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  □ I have another reason. Explain. (See 28 U.S.C. § 1408.)   |

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**Bradley Allen Underwood** Debtor 1 Debtor 2 **KLee Ann Underwood** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor District When Case number, if known Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

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Debtor 1 Bradley Allen Underwood

| Deb | otor 2 KLee Ánn Underw  | vood      |                            |   | Case number (if known)  |
|-----|---|-----------|----------------------------|---|---|
|     |   |           |                            |   |   |
| Par | t 3: Report About Any Bu  | ısinesses | You Owr                    | n as a Sole Proprie                       | tor   |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.     | Go to                      | Part 4.                                   |   |
|     |   | ☐ Yes.    | Name                       | e and location of bus                     | siness  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |           |                            | e of business, if any                     |   |
|     | If you have more than one sole proprietorship, use a  |           | Numb                       | oer, Street, City, Stat                   | te & ZIP Code   |
|     | separate sheet and attach it to this petition.  |           | Chec                       | k the appropriate bo                      | x to describe your business:  |
|     |   |           |                            | Health Care Busir                         | ness (as defined in 11 U.S.C. § 101(27A))   |
|     |   |           |                            | Single Asset Real                         | Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |           |                            | Stockbroker (as d                         | efined in 11 U.S.C. § 101(53A))   |
|     |   |           |                            | Commodity Broke                           | er (as defined in 11 U.S.C. § 101(6))   |
|     |   |           |                            | None of the above                         | 9   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline  | s. If you ir<br>ns, cash-f | ndicate that you are low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.     | I am ı                     | not filing under Chap                     | oter 11.  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.     | I am f<br>Code             |   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.    | I am f                     | iling under Chapter                       | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
|     |   |           |                            |   |   |
|     | •   |           | / Hazardo                  | ous Property or An                        | y Property That Needs Immediate Attention   |
| 14. | Do you own or have any property that poses or is  | ■ No.     |                            |   |   |
|     | alleged to pose a threat of imminent and identifiable hazard to   | ☐ Yes.    | What is                    | the hazard?                               |   |
|     | public health or safety? Or do you own any property that needs immediate attention?   |           |                            | diate attention is , why is it needed?    |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |           | Where is                   | s the property?                           |   |
|     | - •   |           |                            |   | Number, Street, City, State & Zip Code  |
|     |   |           |                            |   |   |

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Debtor 1 Bradley Allen Underwood
Debtor 2 KLee Ann Underwood

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 2:19-bk-54012 Doc 1 Filed 06/19/19 Entered 06/19/19 09:48:51 Desc Main Document Page 6 of 75

|      | tor 1 Bradley Allen Und<br>tor 2 KLee Ann Underw  |                        | Documer   | nt Page 6 o   | f 75<br>Case numbe                      | 「 (if known)  |
|------|---|------------------------|---|---|---|---|
| Part | 6: Answer These Quest   | ions for R             | eporting Purposes   |   |   |   |
| 16.  | What kind of debts do you have?   | 16a.                   | Are your debts primarily con individual primarily for a person    No. Go to line 16b. |   |   | ned in 11 U.S.C. § 101(8) as "incurred by an  |
|      |   |                        | Yes. Go to line 17.   |   |   |   |
|      |   | 16b.                   | Are your debts primarily bus money for a business or invest                           |   |   |   |
|      |   |                        | ☐ No. Go to line 16c.   |   |   |   |
|      |   |                        | ☐ Yes. Go to line 17.   |   |   |   |
|      |   | 16c.                   | State the type of debts you ow  | e that are not consur   | mer debts or busines                    | s debts   |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.                  | I am not filing under Chapter 7   | . Go to line 18.  |   |   |
|      | Do you estimate that after any exempt property is excluded and administrative expenses  | ■ Yes.                 | I am filing under Chapter 7. Do are paid that funds will be avai                      |   |   | erty is excluded and administrative expenses  |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                        | □ Yes   |   |   |   |
| 18.  | How many Creditors do you estimate that you   | □ 1-49<br>■ 50-99      |   | □ 1,000-5,000<br>□ 5001-10,000                                      |   | □ 25,001-50,000<br>□ 50,001-100,000   |
|      | owe?  | ☐ 100-1<br>☐ 200-9     | 99  | ☐ 10,001-25,0   |   | ☐ More than100,000  |
| 19.  | How much do you estimate your assets to be worth?                                       | □ \$100,               | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million                      | □ \$1,000,001<br>□ \$10,000,001<br>□ \$50,000,001<br>□ \$100,000,00 | l - \$50 million                        | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| 20.  | How much do you estimate your liabilities to be?  | □ \$0 - \$<br>■ \$50,0 | 50,000<br>001 - \$100,000   | □ \$1,000,001<br>□ \$10,000,001                                     | l - \$50 million                        | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion  |
|      | to be:  |                        | 001 - \$500,000<br>001 - \$1 million  | □ \$50,000,001<br>□ \$100,000,00                                    | 1 - \$100 million<br>01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion  |
| Part | :7: Sign Below  |                        |   |   |   |   |
| For  | you   | I have ex              | camined this petition, and I decla  | are under penalty of p  | perjury that the inform                 | nation provided is true and correct.  |
|      |   |                        |   |   | , , , ,                                 | under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.   |
|      |   |                        | rney represents me and I did no<br>nt, I have obtained and read the                   |   |   | t an attorney to help me fill out this  |
|      |   | I request              | relief in accordance with the ch  | apter of title 11, Unite  | ed States Code, spec                    | cified in this petition.  |
|      |   | bankrupt<br>and 357    | cy case can result in fines up to   |   |   | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,                                     |
|      |   | /s/ Brad               | lley Allen Underwood  |   | /s/ KLee Ann Un                         |   |
|      |   |                        | Allen Underwood<br>e of Debtor 1  |   | KLee Ann Under<br>Signature of Debtor   |   |

Executed on June 18, 2019

MM / DD / YYYY

Executed on June 18, 2019 MM / DD / YYYY

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| Debtor 1 | <b>Bradley Allen Underwood</b> |
|----------|--------------------------------|
| Debtor 2 | KLee Ann Underwood             |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Marshall D. Cohen                  | Date          | June 18, 2019               |
|--|---------------|-----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY              |
| Marshall D. Cohen 0044066              |               |                             |
| Marshall D. Cohen Co., LLC             |               |                             |
| 1500 West Third Avenue                 |               |                             |
| Suite 400                              |               |                             |
| Columbus, OH 43212                     |               |                             |
| Number, Street, City, State & ZIP Code |               |                             |
| Contact phone 614-294-5040             | Email address | notice@financialdignity.com |
| 0044066 OH                             |               |                             |
| Bar number & State                     |               | <del></del>                 |

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of Ohio

| In         | re KLee Ann Underwood   |  | Case No.                                    |                             |          |
|------------|---|--|---|-----------------------------|----------|
|            | 11200 7 11111 0114051 11 0044   | Debtor(s)  | Chapter                                     | 7                           |          |
|            | DISCLOSURE OF COMPEN  | ISATION OF ATTO  | RNEV FOR DE                                 | RTOR(S)                     |          |
|            |   |  |   | ` ,                         |          |
| l <b>.</b> | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation o  | g of the petition in bankruptcy.                                 | , or agreed to be paid                      | to me, for services rendere | ed or to |
|            | For legal services, I have agreed to accept   |  | \$  | 1,104.00                    |          |
|            | Prior to the filing of this statement I have received   |  | \$  | 1,104.00                    |          |
|            | Balance Due   |  | \$  | 0.00                        |          |
| 2.         | The source of the compensation paid to me was:  |  |   |                             |          |
|            | ■ Debtor □ Other (specify):   |  |   |                             |          |
| 3.         | The source of compensation to be paid to me is:   |  |   |                             |          |
|            | ■ Debtor □ Other (specify):   |  |   |                             |          |
| 1.         | ■ I have not agreed to share the above-disclosed compe  | ensation with any other person                                   | unless they are meml                        | pers and associates of my l | aw firm. |
|            | ☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name   |  |   |                             | rm. A    |
| 5.         | In return for the above-disclosed fee, I have agreed to ren   | nder legal service for all aspec                                 | ts of the bankruptcy c                      | ase, including:             |          |
|            | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning and the negotiation</li> </ul> | ment of affairs and plan which<br>rs and confirmation hearing, a | n may be required;<br>nd any adjourned hear | ings thereof;               | y;       |
| б.         | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other contested matters or adversary   | chargeability actions, judi                                      |   | es, relief from stay acti   | ons or   |
|            |   | CERTIFICATION  |   |                             |          |
| this       | I certify that the foregoing is a complete statement of any s bankruptcy proceeding.  | agreement or arrangement for                                     | r payment to me for re                      | epresentation of the debtor | (s) in   |
|            | June 18, 2019   | /s/ Marshall D. Co   | ohen  |                             |          |
| -          | Date  | Marshall D. Cohe   |   |                             |          |
|            |   | Signature of Attorne Marshall D. Cohe                            |   |                             |          |
|            |   | 1500 West Third<br>Suite 400                                     | Avenue                                      |                             |          |
|            |   | Columbus, OH 4   | 3212  |                             |          |
|            |   | 614-294-5040 Fa  | ax: 614-291-5006                            |                             |          |
|            |   | notice@financial  Name of law firm                               | dignity.com                                 |                             |          |
|            |   | rume oj iuw jirm   |   |                             |          |

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|                   |  | ition to identify you                       |  |   |   |   |
|-------------------|--|---|--|---|---|---|
| De                | btor 1   | Bradley Allen Un<br>First Name              | nderwood<br>Middle Name                    | Last Name   |   |   |
| "                 | btor 2   | KLee Ann Under                              |  |   |   |   |
| (Sp               | ouse if, filing)                                     | First Name                                  | Middle Name                                | Last Name   |   |   |
| Un                | ited States Bank                                     | ruptcy Court for the:                       | SOUTHERN DISTRICT C                        | OF OHIO   |   |   |
|                   | se number  |   |  |   |   | Check if this is an mended filing                     |
| St                |  | of Financial                                | Affairs for Individ                        |   | ankruptcy equally responsible for sup                           | 4/19  |
| info              | rmation. If mo                                       |   | attach a separate sheet to                 |   | y additional pages, write you                                   |   |
| Pa                | rt 1: Give De  | tails About Your Ma                         | arital Status and Where You                | Lived Before  |   |   |
| 1.                | What is your o                                       | current marital statu                       | ıs?  |   |   |   |
|                   | <ul><li>■ Married</li><li>□ Not marrie</li></ul>     | ed  |  |   |   |   |
| 2.                | During the las                                       | t 3 years, have you                         | lived anywhere other than                  | where you live now?                                   |   |   |
|                   | □ No ■ Yes. List a                                   | all of the places you I                     | ived in the last 3 years. Do no            | ot include where you live now                         | ı.  |   |
|                   | Debtor 1 Prio  | r Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                   | 410 Haldern<br>Amanda, Ol                            |   | From-To: <b>2015-10/2017</b>               | ■ Same as Debtor                                      | 1   | Same as Debtor 1 From-To:                             |
| <b>3.</b><br>stai | es and territories No                                | s include Arizona, Ca                       |  | vada, New Mexico, Puerto R                            | ity property state or territory<br>ico, Texas, Washington and W |   |
|                   |  | ·   | `  | ,   |   |   |
| <b>Р</b> а        | Did you have a Fill in the total a If you are filing | amount of income yo<br>a joint case and you |  | all businesses, including part-                       |   | ndar years?   |
|                   | ■ Yes. Fill if                                       | n the details.                              |  |   |   |   |
|                   |  |   | Debtor 1                                   | Grand in same   | Debtor 2  | Groot income  |
|                   |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|                   |  | f current year until<br>for bankruptcy:     | ■ Wages, commissions, bonuses, tips        | \$19,377.12   | ■ Wages, commissions, bonuses, tips                             | \$0.00  |
|                   |  |   | ☐ Operating a business                     |   | ☐ Operating a business  |   |
| Offic             | cial Form 107  |   | Statement of Financial Affa                | airs for Individuals Filing for B                     | ankruptcy   | page '  |

page 1

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**Bradley Allen Underwood** Debtor 1

No

Yes. Fill in the details.

| De | otor 2 KLee Ann Underwood  |   | Case   | e number (if known)   |   |
|----|--|---|--|---|---|
|    |  | Debtor 1  |  | Debtor 2  |   |
|    |  | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions and<br>exclusions)      | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calendar year:<br>nuary 1 to December 31, 2018 )  | ■ Wages, commissions, bonuses, tips                               | \$35,168.00  | ■ Wages, commissions, bonuses, tips                             | \$0.00  |
|    |  | ☐ Operating a business  |  | ☐ Operating a business  |   |
|    | r the calendar year before that:<br>nuary 1 to December 31, 2017)  | ■ Wages, commissions, bonuses, tips                               | \$31,029.00  | ■ Wages, commissions, bonuses, tips                             | \$0.00  |
|    |  | ☐ Operating a business  |  | ☐ Operating a business  |   |
| 5. | Did you receive any other incom<br>Include income regardless of whet<br>and other public benefit payments;<br>winnings. If you are filing a joint ca | her that income is taxable. Exa<br>pensions; rental income; inter | amples of other income are a rest; dividends; money collec | limony; child support; Social Sted from lawsuits; royalties; ar |   |
|    | List each source and the gross inc   | ome from each source separa                                       | tely. Do not include income t                              | nat you listed in line 4.                                       |   |

|   | Debtor 1                             |  | Debtor 2   |   |
|---|--------------------------------------|--|--|---|
|   | Sources of income<br>Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                         | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: |                                      | \$0.00   | Sons Social Security<br>Benefits                             | \$4,626.00  |
|   |                                      | \$0.00   | Medical Support<br>Assigned to Medicaid                      | \$46.60   |
| For last calendar year:<br>(January 1 to December 31, 2018)             |                                      | \$0.00   | Sons Social Security<br>Benefits                             | \$9,552.00  |
|   |                                      | \$0.00   | Medical Support<br>Assigned to Medicaid                      | \$0.00  |
| For the calendar year before that: (January 1 to December 31, 2017)     |                                      | \$0.00   | Sons Social Security<br>Benefits                             | \$9,552.00  |
|   |                                      | \$0.00   | Medical Support<br>Assigned to Medicaid<br>Negative \$900.00 | \$0.00  |

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Entered 06/19/19 09:48:51 Desc Main Case 2:19-bk-54012 Doc 1 Filed 06/19/19 Document Page 11 of 75 **Bradley Allen Underwood** Debtor 1 **KLee Ann Underwood** Debtor 2 Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... still owe paid **Carol Bussert** 4/2019, 5/2019 & \$2,400.00 \$0.00 ■ Mortgage 8840 Oakland Stoutsville Rd. S.W. 6/2019 ☐ Car Amanda, OH 43102 3 Payments of ☐ Credit Card \$800.00 ☐ Loan Repayment (Ongoing) ☐ Suppliers or vendors Other Rent **Tebo Financial** 5/2019 & 6/2019 \$616.48 \$14,446.08 ■ Mortgage 4740 Belpar St NW, A 2 Payments of ■ Car Canton, OH 44718 \$308.24 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Amount you Reason for this payment Dates of payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number **Acceptance Now** Collection Fairfield County Municipal

Case number

Acceptance Now vs.

KLee Underwood CVH1900100

Court Court Sagency

Fairfield County Municipal Court Court Sagency

Fairfield County Municipal Court Sagency

Fairfield County Municipal Court Sagency

Fairfield County Municipal Court Sagency

Pending On appeal Concluded

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Debtor 1 Bradley Allen Underwood
Debtor 2 KLee Ann Underwood

Case number (if known)

| Case title Case number   | Nature of the case    | Court or agency                                 | Status of the case            |             |
|--|-----------------------|---|-------------------------------|-------------|
| State of Ohio, Dept. of Taxation   | Certificate of        | Pickaway County Commo                           | n Pending                     |             |
| VS.  | Judgment              | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood 2009CJ0581  |                       | 207 South Court Street<br>Circleville, OH 43113 | ☐ Concluded                   |             |
|  |                       |   | Open                          |             |
| State of Ohio, Dept. of Taxation   | Certificate of        | Pickaway County Commo                           | n ■ Pending                   |             |
| VS.  | Judgment              | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood   |                       | 207 South Court Street                          | ☐ Concluded                   |             |
| 2013CJ1220   |                       | Circleville, OH 43113                           | Open                          |             |
|  |                       |   | Орен                          |             |
| State of Ohio, Dept. of Taxation   | State Tax Lien        | Pickaway County Commo                           | n Pending                     |             |
| vs.  |                       | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood 2014SL0302  |                       | 207 South Court Street<br>Circleville, OH 43113 | ☐ Concluded                   |             |
|  |                       |   | Open                          |             |
| State of Ohio, Dept. of Taxation   | Certificate of        | Fairfield County Commor                         | Pending                       |             |
| vs.  | Judgment              | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood   |                       | 224 East Main Street□                           | ☐ Concluded                   |             |
| 2011JD05122  |                       | Lancaster, OH 43130                             | _ 000.000                     |             |
|  |                       |   | Open                          |             |
| State of Ohio, Dept. of Taxation   | State Tax Lien        | Fairfield County Commor                         | ■ Pending                     |             |
| vs.  |                       | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood 2011TL03701   |                       | 224 East Main Street□<br>Lancaster, OH 43130    | ☐ Concluded                   |             |
|  |                       |   | Open                          |             |
| State of Ohio, Dept. of Taxation   | State Tax Lien        | Fairfield County Common                         | ■ Pending                     |             |
| vs.  |                       | Pleas Court                                     | ☐ On appeal                   |             |
| Bradley & KLee Underwood   |                       | 224 East Main Street□                           | ☐ Concluded                   |             |
| 2012SL02012  |                       | Lancaster, OH 43130                             |                               |             |
|  |                       |   | Open                          |             |
| Tracir Financial Services, Inc   | Collection            | Franklin County Municipa                        | I ☐ Pending                   |             |
| VS.  |                       | Court   | ☐ On appeal                   |             |
| Bradley Underwood<br>2018CVF045305   |                       | 375 S High St, 3rd Floor<br>Columbus, OH 43215  | Concluded                     |             |
|  |                       |   | Judgment for Plain            | tiff        |
| Within 1 year before you filed for bankru<br>Check all that apply and fill in the details be |                       | perty repossessed, foreclosed, g                | arnished, attached, seized, c | or levied?  |
| □ No. Go to line 11.   |                       |   |                               |             |
| Yes. Fill in the information below.  |                       |   |                               |             |
| Creditor Name and Address  | Describe the Property | y   | Date Va                       | alue of the |
|  | Explain what happen   | ed  |                               | property    |

10.

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|     |   | Document   | Page 13 of 75                                       |                              |                           |
|-----|---|--|---|------------------------------|---------------------------|
|     | otor 1 Bradley Allen Underwood KLee Ann Underwood   |  | Case num  | ber (if known)               |                           |
|     | Creditor Name and Address   | Describe the Propert   | у   | Date                         | Value of the property     |
|     |   | Explain what happer  | ned   |                              | property                  |
|     | Westlake Portfolio Management PO Box 76809  | 2008 Chevrolet Eq  | uinox   | 5/2019                       | \$5,000.00                |
|     | Los Angeles, CA 90054-0809  | ■ Property was repos □ Property was forec □ Property was garni | losed.  |                              |                           |
|     |   | ☐ Property was attack  |   |                              |                           |
| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b  □ No ■ Yes. Fill in the details.           | ecause you owed a debt?  | ,   | l institution, set off any a | mounts from your          |
|     | Creditor Name and Address   | Describe the action t  | he creditor took                                    | Date action was taken        | Amount                    |
|     | Fairfield County CSEA<br>239 West Main Street<br>Lancaster, OH 43130  | 2018 State Income<br>Last 4 digits of accoun                   | Tax Refund Offset number:                           | 3/2019                       | \$900.00                  |
| 13. | Within 2 years before you filed for bankr   | uptcy, did you give any g                                      | ifts with a total value of mo                       | re than \$600 per person?    |                           |
|     | ☐ Yes. Fill in the details for each gift.   |  |   |                              |                           |
|     | Gifts with a total value of more than \$60 per person   | Describe the gif   | ts  | Dates you gave the gifts     | Value                     |
|     | Person to Whom You Gave the Gift and Address:   |  |   |                              |                           |
| 14. | Within 2 years before you filed for bankr  ■ No  □ Yes. Fill in the details for each gift or or                             |  | ifts or contributions with a                        | total value of more than \$  | \$600 to any charity?     |
|     | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total Describe what y  | ou contributed                                      | Dates you contributed        | Value                     |
| Por |   | ,  |   |                              |                           |
|     | t 6: List Certain Losses  Within 1 year before you filed for bankru or gambling?  | ptcy or since you filed fo                                     | r bankruptcy, did you lose a                        | anything because of theft    | , fire, other disaster    |
|     | ■ No □ Yes. Fill in the details.  |  |   |                              |                           |
|     | Describe the property you lost and how the loss occurred  |  | coverage for the loss surance has paid. List pendin | Date of your loss            | Value of property<br>lost |

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**Bradley Allen Underwood** Debtor 1 **KLee Ann Underwood** Debtor 2 Case number (if known) Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Marshall D. Cohen Co., LLC **Attorney Fees** 4/1/19 & 6/4/19 \$1,104.00 1500 West Third Avenue Suite 400 Columbus, OH 43212 notice@financialdignity.com 6/11/2019 MoneySharp Credit Counseling, Inc. **Credit Counseling** \$10.00 1916 N. Fairfield Ave., Suite 200 Chicago, IL 60647 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was payments received or debts property transferred Address made paid in exchange Person's relationship to you 1998 Isuzu Trooper Sold for-\$1,800.00 6/2015 Stranger Herb Ridgeway 2001 Chrysler Town & Traded for 1998 Isuzu 2015 Canal Winchester, OH 43110 Country Trooper **Tracir Financial Services** 2008 Ford Escape Repoed 2015 2040 Brice Road, Suite 200 Reynoldsburg, OH 43068

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Debtor 1 Bradley Allen Underwood
Debtor 2 KLee Ann Underwood

Case number (if known)

|  | Person Who Received Transfer<br>Address  | Description and value of property transferred                             |                                       | Describe any property or payments received or debts paid in exchange |   | Date transfer was made                        |
|--|--|---|---------------------------------------|--|---|---|
|  | Person's relationship to you Grange Insurance 671 South High Street P.O. Box 1218 Columbus, OH 43216   | 2006 Honda Ody  | rssey                                 | Totaled in   | Accident  | 5/2015  |
|  | Stranger   | 2004 Honda Ody  | rssey                                 | Sold for-\$  | 2,000.00  | 2017  |
|  | Wes Rutherford   | 2004 Chevrolet (  | Colorado                              | Traded for 2001 Dodge<br>Dakota                                      |   | 5/2019  |
|  | Stranger   | 2003 Honda Ody  | /ssey                                 | Sold for \$  | 900.00  | 4/2016  |
| 19.  | <ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |                                       |  |   |   |
|  | Name of trust  | Description and va  | Description and value of the property |  | d   | Date Transfer was made                        |
| Par  | Es: List of Certain Financial Accounts, Instru   | uments, Safe Deposit  | Boxes, and Stora                      | ige Units  |   |   |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unin houses, pension funds, cooperatives, associations, and other financial institutions. |  |   |                                       |  |   |   |
|  | Yes. Fill in the details.  |   |                                       |  |   |   |
|  |  | ast 4 digits of<br>ccount number  | Type of account instrument            | clos   | e account was<br>sed, sold,<br>red, or<br>sferred | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 yea cash, or other valuables?  | er before you filed for   | bankruptcy, any                       | safe deposit   | box or other deposit                              | ory for securities,                           |
|  | ■ No<br>□ Yes. Fill in the details.  |   |                                       |  |   |   |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acce<br>Address (Number, St<br>State and ZIP Code)           |                                       | escribe the c  | ontents   | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit or p  | place other than your   | home within 1 ye                      | ar before you  | ı filed for bankruptcy                            | ?   |
|  | ■ No □ Yes Fill in the details   |   |                                       |  |   |   |
|  | Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                                       | escribe the c  | ontents   | Do you still have it?                         |

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Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for S  | Someone Else  |        |                                    |                       |  |  |
|-----|---|---|--------|------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someone for someone.   | ne else owns? Include any proper  | rty yo | ou borrowed from, are storing fo   | r, or hold in trust   |  |  |
|     | ■ No  |   |        |                                    |                       |  |  |
|     | Yes. Fill in the details.   |   |        |                                    |                       |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Des    | scribe the property                | Value                 |  |  |
| Par | t 10: Give Details About Environmental Informa  | ation   |        |                                    |                       |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |        |                                    |                       |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substances. | r, land, soil, surface water, ground                                      | _      | •                                  |                       |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | •   | law,   | whether you now own, operate,      | or utilize it or used |  |  |
|     | Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s  |   | s was  | ste, hazardous substance, toxic    | substance,            |  |  |
| Rep | ort all notices, releases, and proceedings that yo  | ou know about, regardless of wher   | n the  | y occurred.                        |                       |  |  |
| 24. | Has any governmental unit notified you that you   | ı may be liable or potentially liable                                     | a und  | ler or in violation of an environm | ental law?            |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | ıd     | Environmental law, if you know it  | Date of notice        |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |        |                                    |                       |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |        |                                    |                       |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | ıd     | Environmental law, if you know it  | Date of notice        |  |  |
| 26. | Have you been a party in any judicial or adminis  | strative proceeding under any envi  | ironn  | nental law? Include settlements    | and orders.           |  |  |
|     | ■ No  |   |        |                                    |                       |  |  |
|     | Yes. Fill in the details.   |   |        |                                    |                       |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nat    | ture of the case                   | Status of the case    |  |  |
| Par | t 11: Give Details About Your Business or Con   | nections to Any Business  |        |                                    |                       |  |  |
| 27. | Within 4 years before you filed for bankruptcy, d   | did you own a business or have ar   | ny of  | the following connections to an    | y business?           |  |  |
|     | ☐ A sole proprietor or self-employed in a to  | •   | •      | J                                  |                       |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |        |                                    |                       |  |  |
|     | ☐ A partner in a partnership  | •                                   | . `    | •                                  |                       |  |  |
|     | ☐ An officer, director, or managing executi   | ive of a corporation  |        |                                    |                       |  |  |
|     | ☐ An owner of at least 5% of the voting or  | -   |        |                                    |                       |  |  |

Filed 06/19/19 Entered 06/19/19 09:48:51 Desc Main Case 2:19-bk-54012 Doc 1 Document Page 17 of 75 **Bradley Allen Underwood** Debtor 1 Debtor 2 **KLee Ann Underwood** Case number (if known) No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ KLee Ann Underwood /s/ Bradley Allen Underwood **Bradley Allen Underwood KLee Ann Underwood** Signature of Debtor 1 Signature of Debtor 2 Date June 18, 2019 Date June 18, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

| C                                       | ase 2.19-bk-54012            | Doc 1 Filed of Docume | -,,         | 5 | Desc Main                          |
|---|------------------------------|-----------------------|-------------|---|------------------------------------|
| Fill in this                            | information to identify your | case:                 |             |   |                                    |
| Debtor 1                                | Bradley Allen Un             | derwood  Middle Name  | Last Name   |   |                                    |
| Debtor 2                                | KLee Ann Under               |                       | Lastivallie |   |                                    |
| (Spouse if, filin                       | g) First Name                | Middle Name           | Last Name   |   |                                    |
| United States Bankruptcy Court for the: |                              | SOUTHERN DISTRICT     | OF OHIO     |   |                                    |
| Case numb                               | oer                          |                       |             | _ |                                    |
| (if known)                              |                              |                       |             |   | Check if this is an amended filing |
|   |                              |                       |             |   |                                    |
| Official                                | Form 106Sum                  |                       |             |   |                                    |

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Par        | t 1: Summarize Your Assets  |              |                         |
|------------|---|--------------|-------------------------|
|            |   | Your as      | ssets<br>f what you own |
| 1.         | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.0                     |
|            | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 23,407.3                |
|            | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 23,407.3                |
| Par        | t 2: Summarize Your Liabilities   |              |                         |
|            |   |              | abilities<br>: you owe  |
| 2.         | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                   | \$           | 19,462.0                |
| 3.         | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 978.1                   |
|            | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 53,113.00               |
|            | Your total liabilities  | \$           | 73,553.26               |
| Par        | t 3: Summarize Your Income and Expenses   |              |                         |
| ١.         | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 3,612.9                 |
| 5.         | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 3,612.9                 |
| Par        | t 4: Answer These Questions for Administrative and Statistical Records  |              |                         |
| <b>S</b> . | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | ır other sch | edules.                 |
| <b>7</b> . | ■ Yes What kind of debt do you have?  |              |                         |
|            | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or              |
|            | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this  | box and su   | ubmit this form to      |

the court with your other schedules.

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Debtor 1 Bradley Allen Underwood KLee Ann Underwood

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,802.83

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim  |
|--|-------|--------|
| From Part 4 on Schedule E/F, copy the following:   |       |        |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 978.18 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00   |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00   |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 978.18 |

| Ouse  | 2.13 BK 0-012  | Docum  | ent Page 20 of 75  |   | JCSO Main             |
|---|--|--|--|---|-----------------------|
| Fill in this inform   | nation to identify your  | case and this filing:                                      |  |   |                       |
| Debtor 1  | Bradley Allen Un   | derwood  |  |   |                       |
|   | First Name   | Middle Name  | Last Name  |   |                       |
| Debtor 2<br>Spouse, if filing)                                    | KLee Ann Under   | wood Middle Name   | Last Name  |   |                       |
|   |  |  |  |   |                       |
| Jnited States Bar   | nkruptcy Court for the:  | SOUTHERN DISTRICT  | OF OHIO  |   |                       |
| Case number   |  |  |  |   | ☐ Check if this is ar |
|   |  |  |  |   | amended filing        |
|   |  |  |  |   |                       |
| Official Equ  | rm 106A/B  |  |  |   |                       |
| _   |  |  |  |   |                       |
|   | e A/B: Prop  |  |  |   | 12/15                 |
| nink it fits best. Be<br>nformation. If more<br>nswer every quest | e as complete and accura<br>e space is needed, attach<br>tion. | ate as possible. If two mar<br>a separate sheet to this fo | once. If an asset fits in more than of ied people are filing together, both a rm. On the top of any additional page. | are equally responsible for su                        | pplying correct       |
| Part 1: Describe  | Each Residence, Building                                       | ال, Land, or Other Real Esta                               | te You Own or Have an Interest In  |   |                       |
| Do you own or ha  | ave any legal or equitabl                                      | e interest in any residence                                | , building, land, or similar property?   |   |                       |
| ■ No. Go to Part  | 2  |  |  |   |                       |
| _   |  |  |  |   |                       |
| ☐ Yes. Where is   | the property?  |  |  |   |                       |
| Part 2: Describe Y  | Your Vehicles  |  |  |   |                       |
| □ No ■ Yes  |  |  |  |   |                       |
| 3.1 Make: <b>C</b>  | Dodge  | Who has an inte  | erest in the property? Check one   | Do not deduct secured cla                             | •                     |
| Model: C  | Dakota 4x4   | ■ Debtor 1 only  | 1  | the amount of any secure<br>Creditors Who Have Clair  |                       |
| Year: 2   | 2001   | Debtor 2 only  | 1  | Current value of the                                  | Current value of the  |
| Approximate   | -  | Debtor 1 and   |  | entire property?                                      | portion you own?      |
| Other inform  |  |  | of the debtors and another   |   |                       |
| (Free & C   | lear)<br>Damaged/Check   | ☐ Check if this  | s is community property  | \$1,600.00  | \$1,600.00            |
| Engine Li   |  | (see instruction   |  |   |                       |
|   |  |  |  |   |                       |
| 3.2 Make: <b>C</b>  | Dodge  | Who has an inte  | erest in the property? Check one   | Do not deduct secured cla<br>the amount of any secure |                       |
| Model:  | Grand Caravan SXT  | ☐ Debtor 1 only  | ,  | Creditors Who Have Clair                              |                       |
| Year: 2   | 2014   | ☐ Debtor 2 only  | ,  | Current value of the                                  | Current value of the  |
| Approximate   | e mileage:   | Debtor 1 and   | Debtor 2 only  | entire property?                                      | portion you own?      |
| Other inform  |  | At least one of  | of the debtors and another   |   |                       |
| (TEBO Fi  | nancial)   |  |  | \$8,000.00  | \$8,000.00            |
|   |  | (see instruction   | s is community property  | Ψο,σσο.σσ   | Ψυ,υυυ.υυ             |
|   |  |  |  |   |                       |
| Matauaut ain  |  | TVs and athermatic   |  | d   |                       |
|   |  |  | onal vehicles, other vehicles, an<br>essels, snowmobiles, motorcycle a   |   |                       |
| p.00. Dodi  | ,a, motoro, poro   | z  | ,,   |   |                       |
| ■ No  |  |  |  |   |                       |

Official Form 106A/B Schedule A/B: Property page 1

☐ Yes

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**Bradley Allen Underwood** Debtor 1 Debtor 2 **KLee Ann Underwood** Case number (if known) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$9,600.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furniture \$800.00 **Appliances** \$700.00 Silverware/Cookware \$200.00 Mattress/Box/Mattress Pad, Reclining Sofa & Recliner (Acceptance \$500.00 Now) Furniture \$500.00 Tools \$300.00 \$100.00 Silverware/Cookware 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,000.00 **Electronics Electronics** \$500.00 Dishwasher, Washer & Dryer, TV, TV Stand & Speakers (Rent-2-\$500.00 Own) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe.....

page 2

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| Debtor 2                     | KLee Ann Underwood  | Case number (if known   | )   |
|------------------------------|---|---|---|
| 10. Firearı                  | ms  |   |   |
|                              | ples: Pistols, rifles, shotguns, ammunition,                              | and related equipment   |   |
| □ No                         |   |   |   |
| Yes.                         | Describe  |   |   |
|                              | 380 Automatic Pisto   | ol  | \$100.00  |
|                              |   |   |   |
| 11. <b>Clothe</b> Exam  ☐ No | es ples: Everyday clothes, furs, leather coats,                           | designer wear, shoes, accessories   |   |
| Yes.                         | Describe  |   |   |
|                              | Wearing Apparel   |   | \$300.00  |
|                              |   |   |   |
|                              | Wearing Apparel   |   | \$100.00  |
| 12. Jeweli                   | rv  |   |   |
|                              |   | ngagement rings, wedding rings, heirloom jewelry, watches, gems   | gold, silver                                      |
|                              | Describe  |   |   |
|                              |   |   | <b>4</b>  |
|                              | Jewelry   |   | \$50.00   |
| ■ Yes.                       | Describe  | 1   | <b>\$2.00</b>                                     |
|                              | 1-Dog & 1-Cat   |   | \$2.00  |
| 14 Any of                    | ther personal and household items you                                     | did not already list, including any health aids you did not list  |   |
| ■ No                         | iner personal and nousehold items you                                     | and not already list, including any health alds you did not list  |   |
| ☐ Yes.                       | Give specific information   |   |   |
|                              |   |   |   |
|                              | the dollar value of all of your entries fro art 3. Write that number here | m Part 3, including any entries for pages you have attached   | \$5,652.00  |
| 101 1                        | art 5. Write that humber here   |   |   |
| Part 4: De                   | escribe Your Financial Assets   |   |   |
| Do you ov                    | wn or have any legal or equitable interes                                 | st in any of the following?   | Current value of the                              |
|                              |   |   | <pre>portion you own? Do not deduct secured</pre> |
|                              |   |   | claims or exemptions.                             |
| 16. <b>Cash</b>              | m/a . Managara haya in yang mallat in ya                                  | where is a set of consit have and as board when you file was made   |   |
| □ No                         | pies: Money you have in your wallet, in you                               | ur home, in a safe deposit box, and on hand when you file your pet  | tion  |
| ■ Yes.                       |   |   |   |
|                              |   | Cash on Hand  | \$0.00  |
|                              |   |   |   |
|                              | sits of money   |   |   |
| Exam                         |   | accounts; certificates of deposit; shares in credit unions, brokerage<br>unts with the same institution, list each. | houses, and other similar                         |
| □ No                         |   |   |   |
| Yes.                         |   | Institution name:   |   |
| Official For                 | m 106A/B  | Schedule A/B: Property  | page 3  |

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| Debtor 2 KLee Ann Underwood |  |   | Case number (if known)   |              |  |  |  |
|-----------------------------|--|---|--|--------------|--|--|--|
|                             | 17   | Joint<br>7.1. Checking-#2171                              | PNC Bank   | \$147.82     |  |  |  |
|                             | 17   | 7.2. Checking-#1184                                       | Kemba Credit Union<br>(Opened-5/2019)  | \$1.71       |  |  |  |
|                             | 17   | 7.3. Savings-#1184  | Kemba Credit Union<br>(Just Opened-5/2019)   | \$5.00       |  |  |  |
|                             | 17   | Joint Checking with Minor '.4. Son-#8252                  | The Savings Bank   | \$0.85       |  |  |  |
| <i>E</i> :<br>■ 1           | No   |   | rage firms, money market accounts  |              |  |  |  |
|                             | Yes  |   | ted and unincorporated businesses, including an interest in an LLC, part   | tnershin and |  |  |  |
| oi<br>1∎                    | <b>int venture</b><br>No                                 | tion about themName of entity:                            |  | mersinp, and |  |  |  |
| N<br>N<br>1 ■               | egotiable instruments inclu<br>on-negotiable instruments | de personal checks, cashie<br>are those you cannot transf | ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.  |              |  |  |  |
|                             | etirement or pension acco                                | ounts   | (h) thrift acroings accounts or other pansion or profit charing plans  |              |  |  |  |
|                             |  | ERISA, Keogn, 401(k), 403(                                | (b), thrift savings accounts, or other pension or profit-sharing plans   |              |  |  |  |
|                             | Yes. List each account sep<br>Ty                         | arately.<br>rpe of account:                               | Institution name:  |              |  |  |  |
| Yo                          | xamples: Agreements with                                 | osits you have made so the                                | at you may continue service or use from a company olic utilities (electric, gas, water), telecommunications companies, or others |              |  |  |  |
|                             | vo<br>Yes  |   | Institution name or individual:  |              |  |  |  |
|                             | La   | andlord   | Security Deposit   | \$800.00     |  |  |  |
| <b>I</b>                    | No   | eriodic payment of money to                               | o you, either for life or for a number of years)   |              |  |  |  |
| 24. <b>Inte</b>             |  | A, in an account in a qual                                | ified ABLE program, or under a qualified state tuition program.  |              |  |  |  |
| ■ n                         |  | on name and description. S                                | separately file the records of any interests.11 U.S.C. § 521(c):   |              |  |  |  |
|                             | · •  | nterests in property (othe                                | er than anything listed in line 1), and rights or powers exercisable for you   | ır benefit   |  |  |  |
| ■ 1                         | No<br>Yes. Give specific informa                         | tion about them   |  |              |  |  |  |

Official Form 106A/B Schedule A/B: Property page 4

|                      |  | ed 06/19/19                             |                               | Desc Main  |
|----------------------|--|---|-------------------------------|--|
| Debtor 1<br>Debtor 2 | Bradley Allen Underwood  |   | Case number (if known)        |  |
|                      | nts, copyrights, trademarks, trade secrets, and of mples: Internet domain names, websites, proceeds fr   |   | ents                          |  |
|                      | s. Give specific information about them  |   |                               |  |
| Exar<br>■ No         | nses, franchises, and other general intangibles inples: Building permits, exclusive licenses, cooperat   | tive association holdings, liquor licer | nses, professional licenses   |  |
|                      | s. Give specific information about them  |   |                               |  |
| Money o              | r property owed to you?  |   |                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. <b>Tax r</b>     | efunds owed to you   |   |                               |  |
| ■ No<br>□ Yes        | s. Give specific information about them, including wh  | nether you already filed the returns a  | and the tax years             |  |
| Exar<br>■ No         | ly support  mples: Past due or lump sum alimony, spousal support   | ort, child support, maintenance, divo   | orce settlement, property set | ttlement   |
| ⊔ Yes                | s. Give specific information   |   |                               |  |
| Exar<br>■ No         | r amounts someone owes you  mples: Unpaid wages, disability insurance payments, benefits; unpaid loans you made to someone  s. Give specific information |   | on pay, workers' compensa     | tion, Social Security  |
|                      | ests in insurance policies<br>mples: Health, disability, or life insurance; health sav   | ings account (HSA); credit, homeov      | vner's, or renter's insurance |  |
| ■ Yes                | s. Name the insurance company of each policy and l<br>Company name:  | list its value.<br>Benefici             | ary:                          | Surrender or refund value:   |
|                      | Group Term Life Insura Work  |   | ged Wife                      | \$0.00   |
| If you some          | Interest in property that is due you from someone use the beneficiary of a living trust, expect proceed eone has died.  S. Give specific information     |   | currently entitled to receive | e property because   |
|                      | ns against third parties, whether or not you have mples: Accidents, employment disputes, insurance c   |   | I for payment                 |  |
|                      | s. Describe each claim   |   |                               |  |
| ■ No                 | r contingent and unliquidated claims of every na   | ture, including counterclaims of t      | the debtor and rights to se   | et off claims  |
|                      | s. Describe each claim   |   |                               |  |
| So. Any i            | iinancial assets you did not already list  |   |                               |  |

Official Form 106A/B Schedule A/B: Property page 5

 $\hfill\square$  Yes. Give specific information..

|                  | Case 2:19-b                          | )k-54012                       | Doc 1         | Filed 06/19/          |          |                     |                           | 8:51       | Desc Main  |
|------------------|--------------------------------------|--------------------------------|---------------|-----------------------|----------|---------------------|---------------------------|------------|--|
| Debtor<br>Debtor |                                      | en Underwood                   | l             | Document              | Pa       | ge 25 of 75         | Case number <i>(if kn</i> | nown)      |  |
|                  |                                      |                                |               |                       |          |                     |                           | · —        |  |
|                  |                                      |                                |               | Part 4, including a   |          |                     |                           | d   _      | \$955.38   |
| Part 5:          | Describe Any Busine                  | ess-Related Prope              | erty You Ow   | n or Have an Interest | ln. List | t any real estate i | in Part 1.                |            |  |
|                  | -                                    | egal or equitable              | interest in a | any business-related  | propert  | y?                  |                           |            |  |
|                  | . Go to Part 6.<br>s. Go to line 38. |                                |               |                       |          |                     |                           |            |  |
|                  |                                      |                                |               |                       |          |                     |                           |            | 0  |
|                  |                                      |                                |               |                       |          |                     |                           |            | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                  | ounts receivable o                   | or commissions                 | you alrea     | dy earned             |          |                     |                           |            |  |
| ■ N              | o<br>es. Describe                    |                                |               |                       |          |                     |                           |            |  |
|                  |                                      |                                |               |                       |          |                     |                           |            |  |
|                  |                                      |                                |               | modems, printers, o   | copiers, | , fax machines,     | rugs, telephones, c       | lesks, cha | airs, electronic devices   |
| □ Y              | es. Describe                         |                                |               |                       |          |                     |                           |            |  |
| 40. <b>Mac</b>   | chinery, fixtures, ed                | quipment, supp                 | lies you u    | se in business, and   | d tools  | of your trade       |                           |            |  |
| □ N              | o<br>es. Describe                    |                                |               |                       |          |                     |                           |            |  |
|                  | 03. D0001100                         |                                |               |                       |          |                     |                           |            |  |
|                  |                                      | Mechanic To                    | ools (MA      | TCO Tools)            |          |                     |                           |            | \$3,000.00   |
|                  |                                      |                                |               |                       |          |                     |                           |            | <b>***</b>   |
|                  |                                      | Mechanic To                    | ools (Mac     | c Tools)              |          |                     |                           |            | \$2,000.00   |
|                  |                                      | Mechanic To                    | ools (Joh     | n Andrews)            |          |                     |                           |            | \$1,100.00   |
|                  |                                      |                                |               |                       |          |                     | ·                         |            |  |
|                  |                                      | Work Tools                     | (Mechan       | ical)                 |          |                     |                           |            | \$1,100.00   |
| 41. <b>Inve</b>  | entory                               |                                |               |                       |          |                     |                           |            |  |
| ■ N              | 0                                    |                                |               |                       |          |                     |                           |            |  |
| □ Y              | es. Describe                         |                                |               |                       |          |                     |                           |            |  |
| 42. <b>Inte</b>  | r <b>ests in partnershi</b><br>o     | ps or joint vent               | ures          |                       |          |                     |                           |            |  |
| □ Y              | es. Give specific inf                | formation about t<br>Name of e |               |                       |          |                     | % of ownership:           |            |  |
| 43. <b>Cus</b>   | stomer lists, mailin                 | g lists, or other              | compilati     | ons                   |          |                     |                           |            |  |

- Customer note, maning note, or other complications

No.

 $\square$  Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

■ No

☐ Yes. Describe.....

Case 2:19-bk-54012 Doc 1 Filed 06/19/19 Entered 06/19/19 09:48:51 Desc Main Page 26 of 75 Document **Bradley Allen Underwood** Debtor 1 **KLee Ann Underwood** Debtor 2 Case number (if known) 44. Any business-related property you did not already list ■ No ☐ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$7,200.00 for Part 5. Write that number here...... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$9,600.00 Part 3: Total personal and household items, line 15 \$5,652.00 Part 4: Total financial assets, line 36 58. \$955.38 Part 5: Total business-related property, line 45 \$7,200.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$23,407.38

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 7

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$23,407.38

\$23,407.38

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|                     |                          | 12(12)            |           |                                      |
|---------------------|--------------------------|-------------------|-----------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |           |                                      |
| Debtor 1            | Bradley Allen Un         | derwood           |           |                                      |
|                     | First Name               | Middle Name       | Last Name |                                      |
| Debtor 2            | KLee Ann Under           | wood              |           |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name |                                      |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF OHIO   |                                      |
| Case number         |                          |                   |           | Cheek if this is as                  |
| (II KIIOWII)        |                          |                   |           | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Considia lawa that allow avametian

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Id | entify the | Property | y You ( | Claim as | Exemp | ٥t |
|------------|------------|----------|---------|----------|-------|----|
|------------|------------|----------|---------|----------|-------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | to the contract of the contrac |   | Specific laws that allow exemption        |  |
|--|---|--|---|---|--|
|  | Copy the value from<br>Schedule A/B     | Che  | ck only one box for each exemption.                             |   |  |
| 2001 Dodge Dakota 4x4 152k miles (Free & Clear)  | \$1,600.00                              |  | \$4,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(2)    |  |
| Radiator Damaged/Check Engine Light On Line from Schedule A/B: 3.1                     |   | 100% of fair marke any applicable stat   |   | 2020.00(1.1)(2)                           |  |
| 2014 Dodge Grand Caravan SXT 125k miles  | \$8,000.00                              | •  | \$4,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(2)    |  |
| (TEBO Financial) Line from Schedule A/B: 3.2   |   |  | 100% of fair market value, up to any applicable statutory limit |   |  |
| Furniture Line from Schedule A/B: 6.1  | \$800.00                                |  | \$800.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |  |
| Ente from Goriedate / V.D. 411   |   |  | 100% of fair market value, up to any applicable statutory limit | 2020:00(: 1)( 1)(4)                       |  |
| Appliances Line from Schedule A/B: 6.2   | \$700.00                                |  | \$700.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |  |
|  |   |  | 100% of fair market value, up to any applicable statutory limit |   |  |
| Silverware/Cookware Line from Schedule A/B: 6.3  | \$200.00                                |  | \$200.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |  |
| Ellio Holli Goziodalo 7 V.D. Glo   |   |  | 100% of fair market value, up to any applicable statutory limit | 2020:00(: 5)( : 5)( ()                    |  |

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Bradley Allen Underwood Document Page 28 of 75

| Debt | or 2 KLee Ann Underwood  |                                      |     | Case number (if known)  |   |
|------|--|--------------------------------------|-----|---|---|
|      | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption        |
|      |  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |   |
|      | Mattress/Box/Mattress Pad, Reclining Sofa & Recliner (Acceptance Now)                  | \$500.00                             |     | \$500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
| I    | Line from <i>Schedule A/B</i> : <b>6.4</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|      | Furniture<br>Line from <i>Schedule A/B</i> : <b>6.5</b>                                | \$500.00                             |     | \$500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|      | Tools Line from Schedule A/B: 6.6  | \$300.00                             |     | \$300.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | ,   |
|      | Silverware/Cookware<br>Line from <i>Schedule A/B</i> : <b>6.7</b>                      | \$100.00                             |     | \$100.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|      | Electronics<br>Line from Schedule A/B: 7.1   | \$1,000.00                           |     | \$1,000.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | ( , , , ,                                 |
|      | Electronics<br>Line from Schedule A/B: <b>7.2</b>                                      | \$500.00                             |     | \$500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | ( , , , ,                                 |
|      | Dishwasher, Washer & Dryer, TV, TV<br>Stand & Speakers (Rent-2- Own)                   | \$500.00                             |     | \$500.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      | Line from Schedule A/B: <b>7.3</b>   |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|      | 380 Automatic Pistol Line from Schedule A/B: 10.1                                      | \$100.00                             |     | \$100.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit |   |
|      | Wearing Apparel Line from Schedule A/B: 11.1   | \$300.00                             |     | \$300.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | ( , , , ,                                 |
|      | Wearing Apparel Line from Schedule A/B: 11.2   | \$100.00                             |     | \$100.00  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |
|      |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | ,   |
|      | Jewelry<br>Line from Schedule A/B: 12.1  | \$50.00                              |     | \$50.00   | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(b) |
| •    |  |                                      |     | 100% of fair market value, up to any applicable statutory limit | · · · · · · · · · · · · · · · · · ·       |

Debtor 1

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Debtor 1 **KLee Ann Underwood** Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1-Dog & 1-Cat Ohio Rev. Code Ann. § \$2.00 \$2.00 Line from Schedule A/B: 13.1 2329.66(A)(4)(a) 100% of fair market value, up to any applicable statutory limit Joint Checking-#2171: PNC Bank Ohio Rev. Code Ann. § \$147.82 \$147.82 Line from Schedule A/B: 17.1 2329.66(A)(3) П 100% of fair market value, up to any applicable statutory limit Checking-#1184: Kemba Credit Union Ohio Rev. Code Ann. § \$1.71 \$1.71 (Opened-5/2019) 2329.66(A)(3) Line from Schedule A/B: 17.2 П 100% of fair market value, up to any applicable statutory limit Savings-#1184: Kemba Credit Union Ohio Rev. Code Ann. § \$5.00 \$5.00 (Just Opened-5/2019) 2329.66(A)(3) Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit Joint Checking with Minor Ohio Rev. Code Ann. § \$0.85 \$0.85 Son-#8252: The Savings Bank 2329.66(A)(3) Line from Schedule A/B: 17.4 100% of fair market value, up to any applicable statutory limit **Group Term Life Insurance through** Ohio Rev. Code Ann. §§ \$0.00 \$0.00 Work 2329.66(A)(6)(c), 3917.05 **Beneficiary: Estranged Wife** 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit **Mechanic Tools (MATCO Tools)** Ohio Rev. Code Ann. § \$3,000.00 \$3,000.00 Line from Schedule A/B: 40.1 2329.66(A)(5) 100% of fair market value, up to any applicable statutory limit Mechanic Tools (John Andrews) Ohio Rev. Code Ann. § \$1,100.00 \$1,100.00 Line from Schedule A/B: 40.3 2329.66(A)(5) 100% of fair market value, up to any applicable statutory limit Work Tools (Mechanical) Ohio Rev. Code Ann. § \$1,100.00 \$1,100.00 Line from Schedule A/B: 40.4 2329.66(A)(5) П 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? П Nο П Yes

**Bradley Allen Underwood** 

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|   | Document   | Page 30            | ot 75  |  |                             |
|---|--|--------------------|--|--|-----------------------------|
| Fill in this information to identify                | y your case:   |                    |  |  |                             |
| Debtor 1 Bradley Alle                               | en Underwood<br>Middle Name  | Last Name          |  |  |                             |
|   |  | Last Name          |  |  |                             |
| Debtor 2 (Spouse if, filing)  KLee Ann U First Name | Middle Name  | Last Name          |  |  |                             |
| United States Bankruptcy Court fo                   | r the: SOUTHERN DISTRICT OF O  | HIO                |  |  |                             |
| Case number   |  |                    |  | _  | if this is an<br>led filing |
| Official Form 106D                                  |  |                    |  |  |                             |
| Schedule D: Credite                                 | ors Who Have Claims  | Secured            | by Propert                                   | У  | 12/15                       |
|   | sible. If two married people are filing toget<br>fill it out, number the entries, and attach it  |                    |  |  |                             |
| 1. Do any creditors have claims secui               | red by your property?  |                    |  |  |                             |
| ☐ No. Check this box and sub                        | omit this form to the court with your othe   | er schedules. Yo   | u have nothing else t                        | to report on this form.                          |                             |
| Yes. Fill in all of the informa                     | •  |                    | - · · · · · · · · · · · · · · · · · · ·      |  |                             |
|   |  |                    |  |  |                             |
| for each claim. If more than one creditor           | r has more than one secured claim, list the cr<br>or has a particular claim, list the other credito<br>nabetical order according to the creditor's nar | ors in Part 2. As  | Column A  Amount of claim  Do not deduct the | Column B  Value of collateral that supports this | Column C Unsecured portion  |
| 2.1 John Andrews                                    | Describe the property that secures   | the claim:         | value of collateral.<br>\$1,100.00           | claim \$1,100.00                                 | If any <b>\$0.00</b>        |
| 2.1 John Andrews Creditor's Name                    | Mechanic Tools (John And   |                    | \$1,100.00                                   | \$1,100.00                                       | \$0.00                      |
|   | Mechanic 100is (John Andi  | iews)              |  |  |                             |
| 6013 Warbling Lane<br>Westerville, OH 43081         | As of the date you file, the claim is apply.  Contingent   | : Check all that   |  |  |                             |
| Number, Street, City, State & Zip Code              | Unliquidated Disputed  |                    |  |  |                             |
| Who owes the debt? Check one.                       | Nature of lien. Check all that apply.  |                    |  |  |                             |
| Debtor 1 only                                       | An agreement you made (such as   | mortgage or secu   | ured   |  |                             |
| Debtor 2 only                                       | car loan)  |                    |  |  |                             |
| Debtor 1 and Debtor 2 only                          | ☐ Statutory lien (such as tax lien, me   | echanic's lien)    |  |  |                             |
| ☐ At least one of the debtors and anot              | 9  |                    |  |  |                             |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)  |                    |  |  |                             |
| Date debt was incurred                              | Last 4 digits of account num   | nber               |  |  |                             |
| 2.2 Mac Tools                                       | Describe the property that secures   | the claim:         | \$2,000.00                                   | \$2,000.00                                       | \$0.00                      |
| Creditor's Name                                     | Mechanic Tools (Mac Tools  | ;)                 |  |  |                             |
| 505 N. Cleveland Ave.<br>Westerville, OH 43082      | As of the date you file, the claim is apply.  Contingent   | : Check all that   |  |  |                             |
| Number, Street, City, State & Zip Code              | □ Unliquidated □ Disputed  |                    |  |  |                             |
| Who owes the debt? Check one.                       | Nature of lien. Check all that apply.  |                    |  |  |                             |
| ☐ Debtor 1 only ☐ Debtor 2 only                     | An agreement you made (such as car loan)   | s mortgage or secu | ured   |  |                             |
| ■ Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, me   | echanic's lien)    |  |  |                             |
| At least one of the debtors and another             | · ·  | ,                  |  |  |                             |
| Check if this claim relates to a community debt     | Other (including a right to offset)  |                    |  |  |                             |
| Date debt was incurred                              | Last 4 digits of account num   | nber               |  |  |                             |

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| Debtor 1 Bradley Allen Underwo   | <b>od</b> C  | ase number (if known) |            |            |
|--|--|-----------------------|------------|------------|
| First Name Middle N  | lame Last Name   |                       |            |            |
| Debtor 2 KLee Ann Underwood  |  |                       |            |            |
| First Name Middle N  | lame Last Name   |                       |            |            |
| 2.3 Matco Tools  | Describe the property that secures the claim:                              | \$1,916.00            | \$3,000.00 | \$0.00     |
| Creditor's Name  | Mechanic Tools (MATCO Tools)   |                       |            |            |
| Attn: Bankruptcy   | As of the date you file, the claim is: Check all that                      |                       |            |            |
| 4403 Allen Rd  | apply.   |                       |            |            |
| Stow, OH 44224   | Contingent   |                       |            |            |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated   |                       |            |            |
|  | ☐ Disputed   |                       |            |            |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.                                      |                       |            |            |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or sector car loan)              | ured                  |            |            |
| Debtor 2 only  | Chattatan line (analysis as harding manch original line)                   |                       |            |            |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien)                         |                       |            |            |
|  | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ UCC |                       |            |            |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)  |                       |            |            |
| Opened 09/18 Last Active 2/14/19                                       | Last 4 digits of account number 4264                                       |                       |            |            |
| 2.4 Tebo Financial   | Describe the property that secures the claim:                              | \$14,446.08           | \$8,000.00 | \$6,446.08 |
| Creditor's Name  | 2014 Dodge Grand Caravan SXT   |                       |            |            |
|  | 125k miles   |                       |            |            |
|  | (TEBO Financial)   |                       |            |            |
| 4740 Belpar St NW, A   | As of the date you file, the claim is: Check all that apply.               |                       |            |            |
| Canton, OH 44718   | ☐ Contingent   |                       |            |            |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated   |                       |            |            |
|  | ☐ Disputed   |                       |            |            |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.                                      |                       |            |            |
| ☐ Debtor 1 only  | ■ An agreement you made (such as mortgage or sec                           | ured                  |            |            |
| Debtor 2 only  | car loan)  |                       |            |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)                       |                       |            |            |
| ☐ At least one of the debtors and another                              | ☐ Judgment lien from a lawsuit   |                       |            |            |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)  |                       |            |            |
| Date debt was incurred 5/2019  | Last 4 digits of account number  |                       |            |            |
|  |  |                       |            |            |
| Add the dollar value of your entries in C                              | Column A on this page. Write that number here:                             | \$19,462.08           |            |            |
| If this is the last page of your form, add Write that number here:     | the dollar value totals from all pages.                                    | \$19,462.08           |            |            |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|                       | Ouse  | 2.10 bk 0-012  | Document Page 3   | 2 of 3   | 75   | 10.01                      | <b>D</b> 000            | , ividiii                           |       |
|-----------------------|---|--|---|----------|--|----------------------------|-------------------------|-------------------------------------|-------|
| Fill                  | in this inform  | nation to identify your case:  |   |          |  |                            |                         |                                     |       |
| Del                   | btor 1  | Bradley Allen Underwo  | ood   |          |  |                            |                         |                                     |       |
|                       |   | First Name   | Middle Name Last Name   |          |  |                            |                         |                                     |       |
| Del                   | btor 2  | KLee Ann Underwood   |   |          |  |                            |                         |                                     |       |
| (Spc                  | ouse if, filing)                                      | First Name   | Middle Name Last Name   |          |  |                            |                         |                                     |       |
| Uni                   | ited States Bar                                       | nkruptcy Court for the: SOU  | THERN DISTRICT OF OHIO  |          |  |                            |                         |                                     |       |
| Cas                   | se number   |  |   |          |  |                            |                         |                                     |       |
|                       | nown)   |  |   |          |  |                            |                         | if this is an<br>ed filing          |       |
| —<br>Off              | ficial Form   | 106F/F   |   |          |  | l                          |                         | · · · · · · · · · · · · · · · · · · |       |
|                       |   |  | lave Unsecured Claims   |          |  |                            |                         | 12/15                               |       |
| Sche<br>Sche<br>left. | edule G: Execut<br>edule D: Credito<br>Attach the Con | tory Contracts and Unexpired Le<br>ors Who Have Claims Secured by            | ould result in a claim. Also list executory ases (Official Form 106G). Do not include Property. If more space is needed, copy u have no information to report in a Part,                        | any cre  | editors with partially s<br>t you need, fill it out, i | ecured clain<br>number the | ns that a<br>entries ir | re listed in<br>n the boxes or      | n the |
| Pai                   | rt 1: List Al   | I of Your PRIORITY Unsecure  | ed Claims   |          |  |                            |                         |                                     |       |
| 1.                    | Do any credito  | ors have priority unsecured claim  | s against you?  |          |  |                            |                         |                                     |       |
|                       | ☐ No. Go to P   | art 2.   |   |          |  |                            |                         |                                     |       |
|                       | Yes.  |  |   |          |  |                            |                         |                                     |       |
| 2.                    | identify what typ<br>possible, list the               | be of claim it is. If a claim has both to claims in alphabetical order accor | editor has more than one priority unsecured<br>oriority and nonpriority amounts, list that clain<br>ding to the creditor's name. If you have more<br>claim, list the other creditors in Part 3. | m here a | and show both priority a                               | ind nonpriorit             | y amount                | s. As much as                       | 5     |
|                       | (For an explana                                       | ation of each type of claim, see the   | instructions for this form in the instruction bo  | oklet.)  |  |                            |                         |                                     |       |
|                       |   |  |   |          | Total claim  | Priority amount            |                         | Nonpriority amount                  |       |
| 2.1                   | KLee Ur   | nderwood   | Last 4 digits of account number   |          | \$0.00   |                            | \$0.00                  |                                     | 00.0  |
|                       | ,   | editor's Name  |   |          | <u> </u>   | -                          | •                       |                                     |       |
|                       |   | field County CSEA  | When was the debt incurred?   |          |  | -                          |                         |                                     |       |
|                       |   | st Main Street   |   |          |  |                            |                         |                                     |       |
|                       |   | ter, OH 43130<br>treet City State Zip Code                                   | As of the date you file, the claim is:  | Check a  | all that apply   |                            |                         |                                     |       |
|                       | Who incurred  | the debt? Check one.   | ☐ Contingent  |          | ,  |                            |                         |                                     |       |
|                       | Debtor 1 o  | nly  | ☐ Unliquidated  |          |  |                            |                         |                                     |       |
|                       | Debtor 2 o  | nlv  |   |          |  |                            |                         |                                     |       |
|                       | _   | and Debtor 2 only  | ☐ Disputed  Type of PRIORITY unsecured claim  | :        |  |                            |                         |                                     |       |
|                       | _   | ne of the debtors and another  | Domestic support obligations  |          |  |                            |                         |                                     |       |
|                       | _   | his claim is for a community det   | _   | owe the  | government   |                            |                         |                                     |       |
|                       |   | subject to offset?   | ☐ Claims for death or personal injury   |          |  |                            |                         |                                     |       |
|                       | No  | ,  | Other. Specify  | o yo     |  |                            |                         |                                     |       |
|                       | _ 110   |  | Unier. Specify  |          |  |                            |                         |                                     |       |

**Medical Support** 

☐ Yes

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| Ohio Department of Taxation  | Last 4 digits of account number  | 0581              | \$157.23       | \$0.00   | \$157.23 |
|--|--|-------------------|----------------|----------|----------|
| Priority Creditor's Name Bankruptcy Division PO Box 530              | When was the debt incurred?  | 4/8/2009          |                |          |          |
| Columbus, OH 43216  Number Street City State Zip Code                | As of the data you file the claim  | io. Chaak all tha | t annh         |          |          |
| Who incurred the debt? Check one.                                    | As of the date you file, the claim  Contingent   | is. Check all tha | т арріу        |          |          |
| ☐ Debtor 1 only  |  |                   |                |          |          |
| Debtor 2 only  | ☐ Unliquidated   |                   |                |          |          |
| <u> </u>   | ☐ Disputed  Type of PRIORITY unsecured cla   | ılm.              |                |          |          |
| ■ Debtor 1 and Debtor 2 only   | Domestic support obligations   | 11111.            |                |          |          |
| At least one of the debtors and another                              | _  |                   |                |          |          |
| ☐ Check if this claim is for a community debt                        | Taxes and certain other debts y  | <del>-</del>      |                |          |          |
| Is the claim subject to offset?                                      | ☐ Claims for death or personal inj   | ury while you we  | re intoxicated |          |          |
| ☐ Yes  | Other. Specify Certificate   | of Judgmen        | t              |          |          |
|  |  |                   | -              |          |          |
| Ohio Department of Taxation  | Last 4 digits of account number  | 1220              | \$263.04       | \$263.04 | \$0.00   |
| Priority Creditor's Name  Bankruptcy Division                        | When was the debt incurred?  | 9/20/2013         |                |          |          |
| PO Box 530   | mon was the assembanea.  | 3/20/2010         |                |          |          |
| Columbus, OH 43216   | A control of the state of the s |                   |                |          |          |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  Contingent   | is: Check all tha | т арріу        |          |          |
| Debtor 1 only  | _  |                   |                |          |          |
| Debtor 2 only  | ☐ Unliquidated   |                   |                |          |          |
| _  | ☐ Disputed   |                   |                |          |          |
| ■ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla   | um:               |                |          |          |
| At least one of the debtors and another                              | ☐ Domestic support obligations   |                   |                |          |          |
| ☐ Check if this claim is for a community debt                        | Taxes and certain other debts y  | -                 |                |          |          |
| Is the claim subject to offset?                                      | ☐ Claims for death or personal inj   | ury while you we  | re intoxicated |          |          |
| ☐ Yes  | Other. Specify  Certificate  | of Judgmen        | t              |          |          |
|  | - Commodition  | - c. caagc.       |                |          |          |
| Ohio Department of Taxation  | Last 4 digits of account number  | 0302              | \$227.54       | \$227.54 | \$0.00   |
| Priority Creditor's Name  Bankruptcy Division                        | When was the debt incurred?  | 7/21/2014         |                |          |          |
| PO Box 530   | mon was the assembanea.  | 1/21/2014         |                |          |          |
| Columbus, OH 43216   |  |                   |                |          |          |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all tha | t apply        |          |          |
| Debtor 1 only  | ☐ Contingent   |                   |                |          |          |
| _  | Unliquidated   |                   |                |          |          |
| Debtor 2 only  | Disputed   | _                 |                |          |          |
| ■ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla   | nim:              |                |          |          |
| $\square$ At least one of the debtors and another                    | Domestic support obligations   |                   |                |          |          |
| ☐ Check if this claim is for a community debt                        | Taxes and certain other debts y  |                   |                |          |          |
| Is the claim subject to offset?                                      | Claims for death or personal inj   | ury while you we  | re intoxicated |          |          |
| ■ No   | Other. Specify State Tax I   | ion               |                |          |          |
| Yes  | State lax i  | LIGII             |                |          |          |

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Page 34 of 75 Document Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood Case number (if known) 2.5 \$196.80 \$0.00 **Ohio Dept of Taxation** Last 4 digits of account number 5122 \$196.80 Priority Creditor's Name When was the debt incurred? 12/22/2011 150 E. Gay Street, 21st Floor Columbus, OH 43215 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government  $\hfill\square$  Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Certificate of Judgment** 2.6 \$0.00 \$0.00 **Ohio Dept of Taxation** Last 4 digits of account number \$0.00 Priority Creditor's Name When was the debt incurred? 150 E. Gay Street, 21st Floor Columbus, OH 43215 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Notice Only** 2.7 **Ohio Dept of Taxation** Last 4 digits of account number 2012 \$133.57 \$133.57 \$0.00

| Priority Creditor's Name                          | William and a 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1              |
|---|--|
| 150 E. Gay Street, 21st Floor                     | When was the debt incurred? 8/8/2012                             |
| Columbus, OH 43215                                |  |
| Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply      |
| Who incurred the debt? Check one.                 | ☐ Contingent   |
| Debtor 1 only                                     | ☐ Unliquidated   |
| Debtor 2 only                                     | ☐ Disputed   |
| Debtor 1 and Debtor 2 only                        | Type of PRIORITY unsecured claim:                                |
| $\square$ At least one of the debtors and another | ☐ Domestic support obligations                                   |
| ☐ Check if this claim is for a community debt     | Taxes and certain other debts you owe the government             |
| s the claim subject to offset?                    | ☐ Claims for death or personal injury while you were intoxicated |
| No  | ☐ Other. Specify   |
| ☐ Yes   | State Tax Lien   |

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| Debtor 2 KLee Ann Underwood  KLee Ann Underwood  | Case number (if known)                                     |                          |                            |                   |        |  |
|--|--|--------------------------|----------------------------|-------------------|--------|--|
| 2.8 Regional Income Tax Agency   | Last 4 digits of account number                            |                          | \$0.00                     | 0.00              | \$0.00 |  |
| Priority Creditor's Name   |  | <del></del>              | <del></del>                |                   |        |  |
| Attn: Legal Dept<br>PO Box 470537  | When was the debt incurred?                                |                          |                            |                   |        |  |
| Broadview Heights, OH  |  |                          |                            |                   |        |  |
| 44147-0537   |  |                          |                            |                   |        |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is:                     | Check all that apply     |                            |                   |        |  |
| Debtor 1 only  | ☐ Contingent   |                          |                            |                   |        |  |
| Debtor 2 only  | Unliquidated   |                          |                            |                   |        |  |
| <u> </u>   | Disputed   |                          |                            |                   |        |  |
| ■ Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:                          |                          |                            |                   |        |  |
| ☐ At least one of the debtors and another  | ☐ Domestic support obligations                             |                          |                            |                   |        |  |
| $\square$ Check if this claim is for a community debt  | Taxes and certain other debts you                          | _                        |                            |                   |        |  |
| Is the claim subject to offset?  | ☐ Claims for death or personal injury                      | while you were intoxic   | ated                       |                   |        |  |
| No   | Other. Specify   |                          |                            |                   |        |  |
| ☐ Yes  | Notice Only  |                          |                            |                   |        |  |
| Part 2: List All of Your NONPRIORITY Unsec   | ured Claims  |                          |                            |                   |        |  |
| 3. Do any creditors have nonpriority unsecured clair   | ns against you?  |                          |                            |                   |        |  |
| $\square$ No. You have nothing to report in this part. Submit  | this form to the court with your other sche                | edules.                  |                            |                   |        |  |
| ■ Yes.   |  |                          |                            |                   |        |  |
|  |  |                          | Pr. 1                      | ,                 |        |  |
| <ol> <li>List all of your nonpriority unsecured claims in the<br/>unsecured claim, list the creditor separately for each of</li> </ol> |  |                          |                            |                   | ore    |  |
| than one creditor holds a particular claim, list the othe<br>Part 2.   | r creditors in Part 3.If you have more than                | three nonpriority unse   | ecured claims fill out the | Continuation Page | of     |  |
|  |  |                          |                            | Total claim       |        |  |
| 4.1 Acceptance Now   | Last 4 digits of account number                            | 0734                     |                            | \$2,86            | 63.00  |  |
| Nonpriority Creditor's Name  | _  |                          |                            |                   |        |  |
| Attn: Acceptancenow Customer   | Miles was the debt in surred O                             | Opened 05/13             | Last Active                |                   |        |  |
| Service / B<br>5501 Headquarters Dr  | When was the debt incurred?                                | 5/20/13                  |                            | _                 |        |  |
| Plano, TX 75024  |  |                          |                            |                   |        |  |
| Number Street City State Zip Code  | As of the date you file, the claim i                       | is: Check all that apply | y                          |                   |        |  |
| Who incurred the debt? Check one.  | _  |                          |                            |                   |        |  |
| ■ Debtor 1 only  | ☐ Contingent   |                          |                            |                   |        |  |
| Debtor 2 only  | ☐ Unliquidated   |                          |                            |                   |        |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |                          |                            |                   |        |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                 |                            |                   |        |  |
| Check if this claim is for a community   | ☐ Student loans  |                          |                            |                   |        |  |
| debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | iration agreement or d   | ivorce that you did not    |                   |        |  |
| ■ No   | Debts to pension or profit-sharin                          | g plans, and other sim   | nilar debts                |                   |        |  |
| ☐ Yes  | Other Specify Rental Agre                                  |                          |                            |                   |        |  |
|  |  |                          |                            | _                 |        |  |

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| Debtor<br>Debtor | Bradley Allen Underwood  KLee Ann Underwood                          |   | Case number (if known)   |            |  |  |  |
|------------------|--|---|--|------------|--|--|--|
| 4.2              | AmSher Collection Srv  | Last 4 digits of account number                             | 3527   | \$1,077.00 |  |  |  |
|                  | Nonpriority Creditor's Name 4524 Southlake Parkway Ste 15            | When was the debt incurred?                                 | Opened 06/18   |            |  |  |  |
|                  | Hoover, AL 35244   |   |  |            |  |  |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                          | is: Check all that apply   |            |  |  |  |
|                  | Debtor 1 only  |   |  |            |  |  |  |
|                  | _  | ☐ Contingent  |  |            |  |  |  |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                    | d alaim.   |            |  |  |  |
|                  | At least one of the debtors and another                              | Student loans   | d Claim:   |            |  |  |  |
|                  | ☐ Check if this claim is for a community debt                        |   | and the second s |            |  |  |  |
|                  | Is the claim subject to offset?                                      | report as priority claims                                   | aration agreement or divorce that you did not  |            |  |  |  |
|                  | ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts   |            |  |  |  |
|                  | Yes  | Other. Specify Collection                                   | Attorney T-Mobile  |            |  |  |  |
|                  | Caine & Weiner Nonpriority Creditor's Name                           | Last 4 digits of account number                             | 9796   | \$143.00   |  |  |  |
|                  | Attn: Bankruptcy   | When was the debt incurred?                                 | Opened 09/18   |            |  |  |  |
|                  | 5805 Sepulveda Blvd  |   | <u> </u>   |            |  |  |  |
| -                | Sherman Oaks, CA 91411   | =   |  |            |  |  |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                          | Is: Check all that apply   |            |  |  |  |
|                  | Debtor 1 only  |   |  |            |  |  |  |
|                  | _  | ☐ Contingent  |  |            |  |  |  |
|                  | Debtor 2 only  | ☐ Unliquidated  |  |            |  |  |  |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                    | d alaim.   |            |  |  |  |
|                  | At least one of the debtors and another                              | Student loans   | d Claim:   |            |  |  |  |
|                  | Check if this claim is for a community debt                          | ☐ Obligations arising out of a sepa                         | aration agreement or divorce that you did not  |            |  |  |  |
|                  | Is the claim subject to offset?                                      | report as priority claims                                   |  |            |  |  |  |
|                  | ■ No   | Debts to pension or profit-sharing                          |  |            |  |  |  |
|                  | Yes  | ■ Other. Specify Casualty C                                 |  |            |  |  |  |
| 4.4              | Cbe Group Nonpriority Creditor's Name                                | Last 4 digits of account number                             | 1251   | \$293.00   |  |  |  |
|                  | Attn: Bankruptcy   | When was the debt incurred?                                 | Opened 07/18   |            |  |  |  |
|                  | 1309 Technology Parkway  |   | <u> </u>   |            |  |  |  |
| -                | Cedar Falls, IA 50613  Number Street City State Zip Code             | As of the date you file, the claim                          | is: Check all that apply   |            |  |  |  |
|                  | Who incurred the debt? Check one.                                    | As of the date you file, the claim is: Check all that apply |  |            |  |  |  |
|                  | ■ Debtor 1 only  | ☐ Contingent  |  |            |  |  |  |
|                  | ☐ Debtor 2 only  | Unliquidated  |  |            |  |  |  |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |  |  |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                | d claim:   |            |  |  |  |
|                  | ☐ Check if this claim is for a community                             | ☐ Student loans   |  |            |  |  |  |
|                  | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not  |            |  |  |  |
|                  | ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts   |            |  |  |  |
|                  | Yes  | Other Specify Communic                                      | Attorney Charter ations  |            |  |  |  |

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| Debtor<br>Debtor | Bradley Allen Underwood KLee Ann Underwood  | Case nun  | nber (if known)                   |          |  |
|------------------|---|---|-----------------------------------|----------|--|
| 4.5              | Ccs Collections   | Last 4 digits of account number 0242                                      |                                   | \$222.00 |  |
|                  | Nonpriority Creditor's Name 725 Canton St   | When was the debt incurred? Opene   | ed 08/17                          |          |  |
| -                | Norwood, MA 02062  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check a                            | all that apply                    |          |  |
|                  | ■ Debtor 1 only   | ☐ Contingent  |                                   |          |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |                                   |          |  |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                   |          |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                      |                                   |          |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |                                   |          |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agree report as priority claims | ement or divorce that you did not |          |  |
|                  | ■ No  | Debts to pension or profit-sharing plans, ar                              | nd other similar debts            |          |  |
|                  | Yes   | Collection Attorney Communications In                                     | / Frontier<br>nc                  |          |  |
| 4.6              | Chase Bank Nonpriority Creditor's Name  | Last 4 digits of account number   |                                   | \$400.00 |  |
|                  | P.O. Box 659732<br>San Antonio, TX 78265  | When was the debt incurred?   |                                   |          |  |
|                  | Number Street City State Zip Code   | As of the date you file, the claim is: Check a                            |                                   |          |  |
|                  | Who incurred the debt? Check one.   |   |                                   |          |  |
|                  | Debtor 1 only   | 2 Contingent  |                                   |          |  |
|                  | Debtor 2 only   |   |                                   |          |  |
|                  | ■ Debtor 1 and Debtor 2 only  | Disputed  |                                   |          |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                      |                                   |          |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |                                   |          |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agree report as priority claims | ement or divorce that you did not |          |  |
|                  | No  | ☐ Debts to pension or profit-sharing plans, ar                            | nd other similar debts            |          |  |
|                  | Yes   | Other. Specify Overdraft  |                                   |          |  |
| 4.7              | Choice Recovery   | Last 4 digits of account number 4628                                      |                                   | \$359.00 |  |
|                  | Nonpriority Creditor's Name<br>1550 Old Henderson Road<br>Suite 100                     | When was the debt incurred? Opene   | ed 11/12                          |          |  |
| -                | Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check a                            | all that apply                    |          |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |                                   |          |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |                                   |          |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                   |          |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                      |                                   |          |  |
|                  | ☐ Check if this claim is for a community  |   |                                   |          |  |
|                  | debt  | $\square$ Obligations arising out of a separation agre                    |                                   |          |  |
|                  | Is the claim subject to offset?   | report as priority claims   |                                   |          |  |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts       |                                   |          |  |
|                  | Yes   | Other. Specify  Collection Attorney And Inte                              | y Riverside Radiology             |          |  |

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Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood Case number (if known) 4.8 **Choice Recovery** \$324.00 Last 4 digits of account number 6959 Nonpriority Creditor's Name 1550 Old Henderson Road When was the debt incurred? **Opened 01/15** Suite 100 Columbus, OH 43220 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Riverside Radiology ☐ Yes Other. Specify And Inte 4.9 **Choice Recovery** Last 4 digits of account number 0596 \$37.00 Nonpriority Creditor's Name 1550 Old Henderson Road Opened 8/17/17 When was the debt incurred? Suite 100 Columbus, OH 43220 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical ☐ Yes 4.1 **Choice Recovery** \$5.00 Last 4 digits of account number Nonpriority Creditor's Name 1550 Old Henderson Road When was the debt incurred? **Opened 09/13** Suite 100 Columbus, OH 43220 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Riverside Radiology ■ Other. Specify And Inte ☐ Yes

| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood  |                                    | Case number (if known)                        |                |
|------------------|--|------------------------------------|---|----------------|
| 4.1              | Coastal Credit Llc   | Last 4 digits of account number    | 4198  | \$0.00         |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Department 3852 Virginia Beach Blvd. Virginia Beach, VA 23452 | When was the debt incurred?        | Opened 1/18/13 Last Active 4/16/15            |                |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                                       | As of the date you file, the claim | is: Check all that apply                      |                |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent                       |   |                |
|                  |  | ☐ Unliquidated                     |   |                |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed                         |   |                |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure       | d claim:                                      |                |
|                  | Check if this claim is for a community debt  |                                    | aration agreement or divorce that you did not |                |
|                  | Is the claim subject to offset?  | report as priority claims          |   |                |
|                  | ■ No   | Debts to pension or profit-sharing | g plans, and other similar debts              |                |
|                  | Yes  | Other. Specify Notice Only         | <u>/</u>                                      |                |
| 4.1              | Commonwealth Financial Systems  Nonpriority Creditor's Name  | Last 4 digits of account number    | 52N1  | \$506.00       |
|                  | Attn: Bankruptcy<br>245 Main Street  | When was the debt incurred?        | Opened 10/18                                  |                |
|                  | Dickson City, PA 18519  Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim | is: Check all that apply                      |                |
|                  | ☐ Debtor 1 only  | ☐ Contingent                       |   |                |
|                  | ■ Debtor 2 only  | ☐ Unliquidated                     |   |                |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed                         |   |                |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured      | d claim:                                      |                |
|                  |  | ☐ Student loans                    |   |                |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?                              |                                    | aration agreement or divorce that you did not |                |
|                  | ■ No   | Debts to pension or profit-sharing | g plans, and other similar debts              |                |
|                  | ☐ Yes  |                                    | Attorney Berger Emerg Phys Inc                |                |
| 4.1              | O  |                                    | 4014  | <b>\$64.00</b> |
| 3                | Commonwealth Financial Systems  Nonpriority Creditor's Name  | Last 4 digits of account number    |   | \$61.00        |
|                  | Attn: Bankruptcy 245 Main Street   | When was the debt incurred?        | Opened 10/18                                  |                |
|                  | Dickson City, PA 18519  Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim | is: Check all that apply                      |                |
|                  | ■ Debtor 1 only  | ☐ Contingent                       |   |                |
|                  | Debtor 2 only  | ☐ Unliquidated                     |   |                |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed                         |   |                |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure       |   |                |
|                  | ☐ Check if this claim is for a community debt  | ☐ Student loans                    |   |                |
|                  | Is the claim subject to offset?  | report as priority claims          | ration agreement or divorce that you did not  |                |
|                  | ■ No   | Debts to pension or profit-sharing | g plans, and other similar debts              |                |
|                  | □ Yes  | Other Specify Collection           | Attorney Berger Emerg Phys Inc                |                |
|                  |  |                                    |   |                |

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| 2 KLee Ann Underwood                                 | Case number (if known)   |         |
|--|--|---------|
| Credit Adjustments, Inc.                             | Last 4 digits of account number  | \$0.0   |
| Nonpriority Creditor's Name 330 Florence Street      | When was the debt incurred?  |         |
| Defiance, OH 43512 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.                    | The state of the s |         |
| ☐ Debtor 1 only                                      | ☐ Contingent   |         |
| ☐ Debtor 2 only                                      | ☐ Unliquidated   |         |
| ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed   |         |
| ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community             | ☐ Student loans  |         |
| debt Is the claim subject to offset?                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |         |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |         |
| ☐ Yes  | Other. Specify Notice Only   | _       |
| Credit Collection Services                           | Last 4 digits of account number 6680   | \$503.0 |
| Nonpriority Creditor's Name                          |  |         |
| Attn: Bankruptcy<br>725 Canton St                    | When was the debt incurred? Opened 5/14/13   | _       |
| Norwood, MA 02062                                    |  |         |
| Number Street City State Zip Code                    | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.                    |  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| ☐ Debtor 2 only                                      | ☐ Unliquidated   |         |
| Debtor 1 and Debtor 2 only                           | ☐ Disputed   |         |
| At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community<br>debt     | ☐ Student loans  |         |
| ls the claim subject to offset?                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |         |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |         |
| ☐ Yes  | Other. Specify 06 Progressive  | _       |
| Credit Collection Services                           | Last 4 digits of account number 2672   | \$225.0 |
| Nonpriority Creditor's Name                          | <del></del>  |         |
| Attn: Bankruptcy<br>725 Canton St                    | When was the debt incurred? Opened 11/13   | _       |
| Norwood, MA 02062                                    |  |         |
| Number Street City State Zip Code                    | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.                    |  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| Debtor 2 only  | ☐ Unliquidated   |         |
| Debtor 1 and Debtor 2 only                           | Disputed   |         |
| At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:   |         |
| Check if this claim is for a community               | ☐ Student loans  |         |
| debt<br>Is the claim subject to offset?              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |         |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |         |
|  |  |         |
| ☐ Yes  | ■ Other. Specify Collection Attorney Progressive   |         |

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|          | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood                                       |  | Case number (if known)                       |          |  |
|----------|---|--|--|----------|--|
| 4.1<br>7 | Credit Collection Services  | Last 4 digits of account number                              | 5095   | \$147.00 |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy 725 Canton St Norwood, MA 02062            | When was the debt incurred?                                  | Opened 08/14                                 |          |  |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim                           | s: Check all that apply                      |          |  |
|          | Debtor 1 only   | ☐ Contingent   |  |          |  |
|          | ■ Debtor 2 only   | ☐ Unliquidated   |  |          |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |          |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |
|          | Yes   | Other. Specify Collection                                    | Attorney Progressive                         |          |  |
| 4.1      | Credit Collection Services Nonpriority Creditor's Name                                  | Last 4 digits of account number                              | 9147   | \$144.00 |  |
|          | Attn: Bankruptcy 725 Canton St Norwood, MA 02062  | When was the debt incurred?                                  | Opened 6/22/16                               |          |  |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                     | As of the date you file, the claim                           | s: Check all that apply                      |          |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |          |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |          |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |          |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |  |
|          | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |
|          | ☐ Yes   | Other. Specify 06 Nationw                                    | ide Insurance                                |          |  |
| 4.1      | Credit Collection Services Nonpriority Creditor's Name                                  | Last 4 digits of account number                              | 5677   | \$74.00  |  |
|          | Attn: Bankruptcy 725 Canton St  | When was the debt incurred?                                  | Opened 1/10/13                               |          |  |
|          | Norwood, MA 02062  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |          |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |          |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |          |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |          |  |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |          |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |          |  |
|          | debt  |  | ration agreement or divorce that you did not |          |  |
|          | Is the claim subject to offset?   | report as priority claims                                    | · ·  |          |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |          |  |
|          | ☐ Yes ☐ Other. Specify 06 Ohio Mutual Insurance Group                                   |  |  |          |  |

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| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood   |   | Case number (if known)                       |             |
|------------------|---|---|--|-------------|
| 4.2<br>0         | Credit Solutions LLc  | Last 4 digits of account number   | 4239   | \$2,467.00  |
|                  | Nonpriority Creditor's Name 2277 Thunderstick Dr Ste 400 Lexington, KY 40505                                      | When was the debt incurred?   | Opened 6/01/18                               |             |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the claim  | s: Check all that apply                      |             |
|                  | Debtor 1 only   | ☐ Contingent  |  |             |
|                  | Debtor 2 only   | ☐ Unliquidated  |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                      | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |
|                  | Yes   | Other. Specify Medical  |  |             |
| 4.2              | Creditors Collection Service  | Last 4 digits of account number   | 6547   | \$55.00     |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 21504   | When was the debt incurred?   | Opened 11/16                                 |             |
|                  | Roanoke, VA 24018  Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply |   | s. Chock all that apply                      |             |
|                  | Who incurred the debt? Check one.   | As of the date you me, the claim  | э. Спеск ан шасарру                          |             |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                     |             |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans   |  |             |
|                  | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                      | ration agreement or divorce that you did not |             |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |             |
|                  | ☐ Yes   | ■ Other. Specify Inc  | Attorney Professional Imaging                |             |
| 4.2              | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 8681   | \$2,736.00  |
| 2                | Nonpriority Creditor's Name   |   |  | <del></del> |
|                  | Attn: Bankruptcy<br>8014 Bayberry Road  | When was the debt incurred?   | Opened 11/17                                 |             |
|                  | Jacksonville, FL 32256  Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim  | s: Check all that apply                      |             |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |  |             |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |             |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   |  |             |
|                  | ☐ Check if this claim is for a community  |   |  |             |
|                  | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |  |             |
|                  | Is the claim subject to offset?   | report as priority claims   |  |             |
|                  | No  | ☐ Debts to pension or profit-sharin   | •  |             |
|                  | □Yes  | ■ Other. Specify Collection   | Attorney At T Mobility                       |             |

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Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood Case number (if known) 4.2 **Fairfield County Municipal Court** \$300.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 136 W. Main Street When was the debt incurred? Lancaster, OH 43130-5930 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Traffic Fines ☐ Yes 4.2 **Fairfield Medical Center** \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name **Contracts & Collections** When was the debt incurred? 1149 East Main St Lancaster, OH 43130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Expenses ☐ Yes 4.2 Fashion Bug/WFNB \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 182125 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood  |   | Case number (if known)                        |             |
|------------------|--|---|---|-------------|
| 4.2<br>6         | Fifth Third Bank   | Last 4 digits of account number   |   | \$4,000.00  |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Department 1830 E Paris Ave Se Grand Rapids, MI 49546 | When was the debt incurred?   |   |             |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                               | As of the date you file, the claim  | is: Check all that apply                      |             |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Contingent☐ Unliquidated  |   |             |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |             |
|                  | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa                         | aration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?  | report as priority claims   | Ç   |             |
|                  | ■ No   | ☐ Debts to pension or profit-sharing  | g plans, and other similar debts              |             |
|                  | Yes  | Other. Specify Overdraft  |   |             |
| 4.2              | First Premier Bank   | Last 4 digits of account number   | 0722  | \$426.00    |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117                     | When was the debt incurred?   | Opened 05/12 Last Active 8/29/12              |             |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.                                | As of the date you file, the claim is: Check all that apply                 |   |             |
|                  | ☐ Debtor 1 only  | ☐ Contingent  |   |             |
|                  | ■ Debtor 2 only  | ☐ Unliquidated  |   |             |
|                  | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|                  | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |             |
|                  | ☐ Check if this claim is for a community   | ☐ Student loans   |   |             |
|                  | debt Is the claim subject to offset?   | report as priority claims   | aration agreement or divorce that you did not |             |
|                  | No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |             |
|                  | Yes  | Other. Specify Credit Card  | <u> </u>                                      |             |
| 4.2              | Honor Finance Nonpriority Creditor's Name  | Last 4 digits of account number   | 4501  | \$10,820.00 |
|                  | 909 Davis Street<br>Suite 260<br>Evanston, IL 60201  | When was the debt incurred?   | Opened 9/13/17 Last Active 4/20/18            |             |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.                                | As of the date you file, the claim  | is: Check all that apply                      |             |
|                  | Debtor 1 only  | ☐ Contingent  |   |             |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated  |   |             |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |             |
|                  | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |             |
|                  | Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separate as priority aloins. | aration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing               | a plane, and other similar debte              |             |
|                  | ■ No   | •   |   |             |
|                  | ☐ Yes  | ■ Other. Specify Def. Balance   | ce  |             |

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| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood                             |  | Case number (if known)                        |            |
|------------------|---|--|---|------------|
| 4.2<br>9         | Huntington National Bank  | Last 4 digits of account number                |   | \$0.00     |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 340996 Columbus, OH 43234 | When was the debt incurred?                    |   |            |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.           | As of the date you file, the claim             | is: Check all that apply                      |            |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent ☐ Unliquidated                    |   |            |
|                  | Debtor 1 and Debtor 2 only  | _  |   |            |
|                  | _   | ☐ Disputed  Type of NONPRIORITY unsecure       | d claim:                                      |            |
|                  | At least one of the debtors and another                                       | ☐ Student loans                                | a oldiiii.                                    |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _  | aration agreement or divorce that you did not |            |
|                  | ■ No  | Debts to pension or profit-sharing             | g plans, and other similar debts              |            |
|                  | Yes   | Other. Specify Notice Only                     |   |            |
| 4.3              | I C System Inc  | Last 4 digits of account number                | 8431  | \$372.00   |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 64378                   | When was the debt incurred?                    | Opened 08/17                                  |            |
|                  | St. Paul, MN 55164  Number Street City State Zip Code                         | As of the date you file, the claim             | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.   |  |   |            |
|                  | Debtor 1 only   | ☐ Contingent                                   |   |            |
|                  | Debtor 2 only   | Unliquidated                                   |   |            |
|                  | Debtor 1 and Debtor 2 only  | Disputed                                       | d alaim.                                      |            |
|                  | At least one of the debtors and another                                       | Type of NONPRIORITY unsecured  ☐ Student loans | a ciaim:                                      |            |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _  | aration agreement or divorce that you did not |            |
|                  | ■ No  | Debts to pension or profit-sharing             | g plans, and other similar debts              |            |
|                  | _ NO  |  | Attorney Patient Transport                    |            |
|                  | Yes   | Other. Specify Services O                      |   |            |
| 4.3              | Jefferson Capital Systems, LLC  | Last 4 digits of account number                | 9003  | \$1,154.00 |
|                  | Nonpriority Creditor's Name Po Box 1999 Saint Cloud, MN 56302                 | When was the debt incurred?                    | Opened 08/18                                  |            |
|                  | Number Street City State Zip Code   | As of the date you file, the claim             | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.   |  |   |            |
|                  | Debtor 1 only   | ☐ Contingent                                   |   |            |
|                  | Debtor 2 only   | ☐ Unliquidated                                 |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed                                     |   |            |
|                  | $\square$ At least one of the debtors and another                             | Type of NONPRIORITY unsecure                   |   |            |
|                  | Check if this claim is for a community  | ☐ Student loans                                |   |            |
|                  | debt Is the claim subject to offset?  | report as priority claims                      | aration agreement or divorce that you did not |            |
|                  | No  | Debts to pension or profit-sharing             |   |            |
|                  | Factoring Company Account Verizon  ☐ Yes Other. Specify Wireless              |  |   |            |

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| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood   |  | Case number ( <sub>if known</sub> )           |          |
|------------------|---|--|---|----------|
| 4.3              | Midwest Recovery Systems  | Last 4 digits of account number                              | 5000  | \$117.00 |
|                  | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 899 Florissant, MO 63032                | When was the debt incurred?                                  | Opened 10/26/18                               |          |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.                        | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only                                | ☐ Contingent ☐ Unliquidated ☐ Disputed                       | d alater.                                     |          |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured  Student loans                 | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community debt Is the claim subject to offset?               | _  | aration agreement or divorce that you did not |          |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|                  | Yes   | Other. Specify Collection Profession                         | Attorney Ohio Emergency<br>a                  |          |
| 4.3              | National Service Bureau, Inc  Nonpriority Creditor's Name                                   | Last 4 digits of account number                              | 0380  | \$193.00 |
|                  | Attn: Bankruptcy 18912 North Creek Pkwy, Suite 205` Bothwell, WA 98011                      | When was the debt incurred?                                  | Opened 8/22/17                                |          |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.                         | As of the date you file, the claim i                         | is: Check all that apply                      |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?  | report as priority claims                                    | aration agreement or divorce that you did not |          |
|                  | No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|                  | Yes   | Other. Specify Medical                                       |   |          |
| 4.3              | Online Collections  Nonpriority Creditor's Name   | Last 4 digits of account number                              | 0477  | \$473.00 |
|                  | Attn: Bankruptcy<br>Po Box 1489   | When was the debt incurred?                                  | Opened 01/15                                  |          |
|                  | Winterville, NC 28590  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |
|                  | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims |   |          |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|                  | Yes   | Other. Specify Collection                                    | Attorney Columbia Gas Of Ohio                 |          |

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| Debtor<br>Debtor | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood                                 | Case number (if known)                                       |   |          |  |
|------------------|---|--|---|----------|--|
| 4.3<br>5         | Phoenix Financial Services. Llc   | Last 4 digits of account number                              | 7320  | \$465.00 |  |
| ,<br>,           | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 361450 Indianapolis, IN 46236 | When was the debt incurred?                                  | Opened 09/18                                  |          |  |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.               | As of the date you file, the claim                           | is: Check all that apply                      |          |  |
|                  | Debtor 1 only   | ☐ Contingent   |   |          |  |
|                  | Debtor 2 only   | Unliquidated   |   |          |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                      |          |  |
|                  | At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans               | d claim:                                      |          |  |
|                  | ☐ Check if this claim is for a community debt  Is the claim subject to offset?    | _  | aration agreement or divorce that you did not |          |  |
|                  | _   | Debts to pension or profit-sharin                            | a plane, and other similar debte              |          |  |
|                  | ■ No  |  |   |          |  |
|                  | ☐ Yes   | ■ Other. Specify Profession                                  | Attorney Ohio Emergency<br>als                |          |  |
| 4.3<br>6         | Phoenix Financial Services. Llc Nonpriority Creditor's Name                       | Last 4 digits of account number                              | 1637  | \$69.00  |  |
|                  | Attn: Bankruptcy Po Box 361450 Indianapolis, IN 46236                             | When was the debt incurred?                                  | Opened 01/19                                  |          |  |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.               | As of the date you file, the claim                           | is: Check all that apply                      |          |  |
|                  | ■ Debtor 1 only   | ☐ Contingent   |   |          |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |  |
|                  | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                      |          |  |
|                  | ☐ Check if this claim is for a community  | ☐ Student loans  |   |          |  |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |  |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |  |
|                  | ☐ Yes   | Other. Specify Collection Profession                         | Attorney Ohio Emergency<br>als                |          |  |
| 4.3              | Snap On Credit Nonpriority Creditor's Name  | Last 4 digits of account number                              |   | \$0.00   |  |
|                  | 950 Technology Way Suite 301 Libertyville, IL 60048                               | When was the debt incurred?                                  |   |          |  |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one.              | As of the date you file, the claim                           | is: Check all that apply                      |          |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |   |          |  |
|                  | ■ Debtor 1 and Debtor 2 only  | ·  |   |          |  |
|                  | ☐ At least one of the debtors and another   |  |   |          |  |
|                  | ☐ Check if this claim is for a community  |  |   |          |  |
|                  | debt  |  | ration agreement or divorce that you did not  |          |  |
|                  | Is the claim subject to offset?   | report as priority claims                                    |   |          |  |
|                  | No  | Debts to pension or profit-sharing                           |   |          |  |
|                  | ☐ Yes   | ■ Other Specify Notice Only                                  | <i>l</i>                                      |          |  |

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| Debtor<br>Debtor  | 1 Bradley Allen Underwood<br>2 KLee Ann Underwood                                      |   | Case number (if known)                       |            |  |
|---|--|---|--|------------|--|
| 4.3   | Southwest Credit Systems   | Last 4 digits of account number   | 4450   | \$980.00   |  |
|   | Nonpriority Creditor's Name 4120 International Parkway Suite 1100 Carrollton, TX 75007 | When was the debt incurred?   | Opened 10/18                                 |            |  |
|   | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim  | s: Check all that apply                      |            |  |
|   | ■ Debtor 1 only  | ☐ Contingent  | ☐ Contingent                                 |            |  |
|   | ☐ Debtor 2 only  | ☐ Unliquidated  | ☐ Unliquidated                               |            |  |
|   | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                     |            |  |
|   | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa                         | ration agreement or divorce that you did not |            |  |
|   | Is the claim subject to offset?  | report as priority claims   | · ·  |            |  |
|   | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts |  |            |  |
|   | ☐ Yes  | ■ Other. Specify Collection   | Attorney T-Mobile                            |            |  |
| 4.3   | Sprint Nextel Correspondence   | Last 4 digits of account number   |  | \$500.00   |  |
|   | Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 7949                          | When was the debt incurred?   |  |            |  |
| Overland Park, KS 66207-0949  Number Street City State Zip Code |  | As of the date you file, the claim is: Check all that apply                 |  |            |  |
|   | Who incurred the debt? Check one.  | As of the date you me, the claim  |  |            |  |
|   | ☐ Debtor 1 only  | ☐ Contingent  |  |            |  |
|   | ■ Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|   | Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |
|   | ☐ Check if this claim is for a community   | ☐ Student loans   |  |            |  |
|   | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                | ration agreement or divorce that you did not |            |  |
|   | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |
|   | Yes  | Other. Specify Utility  |  |            |  |
|   |  |   |  |            |  |
| 0   | TRACIR Financial Services  Nonpriority Creditor's Name                                 | Last 4 digits of account number   | 1010   | \$5,810.00 |  |
|   | 2040 Brice Road<br>Suite 200<br>Reynoldsburg, OH 43068                                 | When was the debt incurred?   | Opened 4/02/15 Last Active 7/22/16           |            |  |
|   | Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim  | s: Check all that apply                      |            |  |
|   | ☐ Debtor 1 only  | ☐ Contingent  |  |            |  |
|   | Debtor 2 only  | ☐ Unliquidated  |  |            |  |
|   | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
|   | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                     |            |  |
| ☐ Check if this claim is for a community                        |  | Student loans   |  |            |  |
|   | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                | ration agreement or divorce that you did not |            |  |
|   | ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |
|   | Yes  | Other. Specify Def. Balance   | e  |            |  |

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Debtor 2 KLee Ann Underwood Case number (if known) 4.4 \$300.00 **US Bank** Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 4801 Frederica St Owensboro, KY 42301 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Overdraft Other, Specify 4.4 0901 Westlake Portfolio Management \$10,993.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/17 Last Active PO Box 76809 2/23/19 When was the debt incurred? Los Angeles, CA 90054-0809 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Def. Balance Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AT&T Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims 4331 Communications Dr., Flr 4W **Dallas, TX 75211** Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Attorney Howard Baumwell** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 600 South Pearl Street Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43206 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Attorney Mark Sheriff** Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims **Two Miranova Place** ☐ Part 2: Creditors with Nonpriority Unsecured Claims Suite 700 Columbus, OH 43215 Last 4 digits of account number

Debtor 1 Bradley Allen Underwood

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| Debtor 1 Bradley Allen Underwood  Control   |  | Case number (if known)  |
|---|--|---|
| Name and Address Attorney Robert M Storey 737 Enterprise Dr. Suite 200  | On which entry in Part 1 or Part 2 d Line 4.40 of (Check one):   | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| Lewis Center, OH 43035  | Last 4 digits of account number  |   |
| Name and Address Berger Health System 600 North Pickaway Street Circleville, OH 43113   | On which entry in Part 1 or Part 2 d Line 4.12 of (Check one):  Last 4 digits of account number                | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| Name and Address Charter Communications Recoveries, c/o Charter Communications 12238 Silicon Dr., Ste 129 San Antonio, TX 78249 | On which entry in Part 1 or Part 2 d Line <b>4.4</b> of ( <i>Check one</i> ):  Last 4 digits of account number | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
|   |  |   |
| Name and Address Columbia Gas of Ohio Inc. 290 W. Nationwide Blvd 5th Floor Bankruptcy Department Columbus, OH 43215            | On which entry in Part 1 or Part 2 d<br>Line 4.34 of (Check one):  | Id you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account number  |   |
| Name and Address Fairfield Medical Center 401 N. Ewing Street   | On which entry in Part 1 or Part 2 d Line 4.24 of (Check one):   | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| Lancaster, OH 43130   | Last 4 digits of account number  |   |
| Name and Address Frontier Communications 19845 N. US Highway 31 Westfield, IN 46074   | On which entry in Part 1 or Part 2 d Line 4.5 of (Check one):  | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| Westneid, IN 40074  | Last 4 digits of account number  |   |
| Name and Address Grange Insurance 671 South High Street P.O. Box 1218 Columbus, OH 43216  | On which entry in Part 1 or Part 2 d<br>Line <u>4.3</u> of ( <i>Check one</i> ):                               | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
|   | Last 4 digits of account number  |   |
| Name and Address Jefferson Capital Systems, LLC 2401 Stanley Gault Parkway Louisville, KY 40223                                 | On which entry in Part 1 or Part 2 d<br>Line <u>4.31</u> of ( <i>Check one</i> ):                              | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
| 20000000, 101 40220   | Last 4 digits of account number  |   |
| Name and Address Nationwide Insurance Three Nationwide Plaza Mail Code 3-11-310 Columbus, OH 43215                              | On which entry in Part 1 or Part 2 d<br>Line <b>4.18</b> of ( <i>Check one</i> ):                              | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
|   | Last 4 digits of account number  |   |
| Name and Address Ohio Attorney General Collection Enforcement Section 150 E. Gay Street, 21st Floor Columbus, OH 43215          | On which entry in Part 1 or Part 2 d<br>Line <u>2.2</u> of ( <i>Check one</i> ):                               | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |
|   | Last 4 digits of account number  |   |
| Name and Address  | On which entry in Part 1 or Part 2 d   | id you list the original creditor?  |

Case 2:19-bk-54012 Doc 1 Filed 06/19/19 Entered 06/19/19 09:48:51 Desc Main Page 51 of 75 Document Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood Case number (if known) Ohio Dept of Taxation Line 2.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims 30 E. Broad Street, 21st Floor ☐ Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43215 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Ohio Emergency Professionals** Line 4.36 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o HCFS, LLC ■ Part 2: Creditors with Nonpriority Unsecured Claims 3585 Ridge Park Dr. Akron, OH 44333-8203 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Ohio Mutual Insurance Group** Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1725 Hopley Ave. Part 2: Creditors with Nonpriority Unsecured Claims Bucyrus, OH 44820 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Patient Transport Service** Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 420 Wards Corner Rd. # B Part 2: Creditors with Nonpriority Unsecured Claims Loveland, OH 45140 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Progressive Direct Insurance Co.** Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 55 Public Square 800 Part 2: Creditors with Nonpriority Unsecured Claims Cleveland, OH 44113 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Riverside Radiology & Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Interventional Part 2: Creditors with Nonpriority Unsecured Claims 100 E Campus Vide Blvd., Suite 100 Columbus, OH 43235 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address T-Mobile Bankruptcy Team Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 53410 ■ Part 2: Creditors with Nonpriority Unsecured Claims Bellevue, WA 98015-3410 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Verizon Wireless Bankruptcy Admin Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **500 Technology Drive** Part 2: Creditors with Nonpriority Unsecured Claims Suite 550 Saint Charles, MO 63304 Last 4 digits of account number Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|             |     |   |     | Total Claim  |
|-------------|-----|---|-----|--------------|
| Total       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00   |
| claims      |     |   |     |              |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government                    | 6b. | \$<br>978.18 |
|             | 6c. | Claims for death or personal injury while you were intoxicated          | 6c. | \$<br>0.00   |
|             | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$<br>0.00   |
|             | 6e. | Total Priority. Add lines 6a through 6d.                                | 6e. | \$<br>978.18 |
|             |     |   |     | Total Claim  |
| Total       | 6f. | Student loans   | 6f. | \$<br>0.00   |

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Debtor 1 Bradley Allen Underwood Debtor 2 KLee Ann Underwood

Case number (if known)

| (    | claims |
|------|--------|
| from | Part 2 |

- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total Nonpriority. Add lines 6f through 6i.

| 6g. | \$<br>0.00      |
|-----|-----------------|
| 6h. | \$<br>0.00      |
| 6i. | \$<br>53,113.00 |

6j. \$ **53,113.00** 

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|                     |                          | 17/7/11/11/       | 10 1100: 101111 |                                      |
|---------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                 |                                      |
| Debtor 1            | Bradley Allen Un         | derwood           |                 |                                      |
|                     | First Name               | Middle Name       | Last Name       |                                      |
| Debtor 2            | KLee Ann Under           | wood              |                 |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |                                      |
| United States Ba    | ankruptcy Court for the: | SOUTHERN DISTRICT | OF OHIO         |                                      |
| Case number         |                          |                   |                 |                                      |
| (if known)          |                          |                   |                 | ☐ Check if this is an amended filing |

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                                |
|-----|--|--|
| 2.1 | Acceptance Now<br>Attn: Acceptancenow Customer Service / B<br>5501 Headquarters Dr<br>Plano, TX 75024    | Mattress/Box/Mattress Pad, Reclining Sofa & Recliner                   |
| 2.2 | Carol Bussert<br>8840 Oakland Stoutsville Rd S.W.<br>Amanda, OH 43102                                    | Apartment Lease<br>\$800.00 per Month<br>Month to Month                |
| 2.3 | Rent-2-Own<br>621 N. Memorial Dr.<br>Lancaster, OH 43130   | Dishwasher, Washer & Dryer, TV, TV Stand & Speakers \$177.15 per Month |
| 2.4 | Rotech Healthcare, Inc.<br>P.O. Box 4829<br>Plant City, FL 33563   | Medical Equipment Rental:<br>CPAP/BIPAP Equipment<br>(Owes-\$1,330.00  |

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|                               |  | Docume  | nt Page 54 d              | of 75   |                                 |
|-------------------------------|--|---|---------------------------|---|---------------------------------|
| Fill in this i                | information to identify your   | case:   |                           |   |                                 |
| Debtor 1                      | Bradley Allen Un   | derwood   |                           |   |                                 |
| 200101 1                      | First Name   | Middle Name   | Last Name                 |   |                                 |
| Debtor 2                      | KLee Ann Underv  | wood  |                           |   |                                 |
| (Spouse if, filing            | g) First Name  | Middle Name   | Last Name                 |   |                                 |
| United State                  | es Bankruptcy Court for the:   | SOUTHERN DISTRICT                                   | OF OHIO                   |   |                                 |
|                               | 55 Zammapto, 55am 151 ano.   |   |                           |   |                                 |
| Case numb                     | er   |   |                           |   |                                 |
| (if known)                    |  |   |                           | ☐ Check if this   |                                 |
|                               |  |   |                           | amended filir   | ng                              |
| Official                      | Form 106H  |   |                           |   |                                 |
|                               |  | -14   |                           |   |                                 |
| Sched                         | ule H: Your Cod  | ebtors  |                           |   | 12/15                           |
| ■ No                          | ou have any codebtors? (If   | you are filing a joint case, o                      | do not list either spouse | as a codebtor.  |                                 |
| ☐ Yes                         |  |   |                           |   |                                 |
| Arizona<br>                   | a, California, Idaho, Louisiana  |   |                           | ry? (Community property states and territories in ington, and Wisconsin.)   | clude                           |
|                               | Go to line 3. Did your spouse, former spou   | use, or legal equivalent live                       | with you at the time?     |   |                                 |
| in line :<br>Form 1<br>out Co | 2 again as a codebtor only i<br>06D), Schedule E/F (Official<br>lumn 2.<br>Column 1: Your codebtor | f that person is a guaran<br>Form 106E/F), or Sched | tor or cosigner. Make     | r if your spouse is filing with you. List the persure you have listed the creditor on Schedule (6G). Use Schedule D, Schedule E/F, or Schedule Column 2: The creditor to whom you own | e D (Official<br>dule G to fill |
| N                             | ame, Number, Street, City, State and Z   | P Code  |                           | Check all schedules that apply:   |                                 |
| 2.4                           |  |   |                           | Cabadula D. Bas   |                                 |
| 3.1                           | lame   |   |                           | □ Schedule D, line<br>□ Schedule E/F, line  |                                 |
|                               |  |   |                           | ☐ Schedule E/F, line  |                                 |
| _                             |  |   |                           |   |                                 |
|                               | lumber Street  | State   | ZIP Code                  |   |                                 |
| C                             | City   | State   | ZIP Code                  |   |                                 |
|                               |  |   |                           |   |                                 |
| 3.2                           |  |   |                           | ☐ Schedule D, line  |                                 |
| N                             | lame   |   |                           | ☐ Schedule E/F, line  |                                 |
|                               |  |   |                           | ☐ Schedule G, line  |                                 |
| N                             | lumber Street  |   |                           | _   |                                 |
| C                             | City   | State   | ZIP Code                  |   |                                 |

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| Deb                      | tor 1 Bradley Alle  | en Underwood   |  |   |
|--------------------------|---|--|--|---|
|                          | otor 2 KLee Ann U   | Inderwood  |  |   |
| Uni                      | ed States Bankruptcy Court for the  | e: SOUTHERN DISTRIC  | CT OF OHIO   |   |
|                          | e number<br>own)  |  | -  | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapte 13 income as of the following date:   |
| Oi                       | ficial Form 106I  |  |  | MM / DD/ YYYY   |
|                          |   |  |  | , ==,   |
| Be a<br>suppos<br>spoot  | olying correct information. If you use. If you are separated and you have separated and you have to this form.  | sible. If two married pec<br>are married and not fili<br>ur spouse is not filing w   | ng jointly, and your spouse is livin ith you, do not include information   | d Debtor 2), both are equally responsible fog with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every questi                                    |
| Be a<br>uppoint<br>ttac  | s complete and accurate as pos<br>olying correct information. If you<br>use. If you are separated and you<br>the a separate sheet to this form.  Describe Employment  Fill in your employment   | sible. If two married pec<br>are married and not fili<br>ur spouse is not filing w   | ng jointly, and your spouse is livin ith you, do not include information   | d Debtor 2), both are equally responsible fo<br>g with you, include information about your<br>about your spouse. If more space is needed  |
| e a<br>upp<br>pot<br>tta | s complete and accurate as pos<br>olying correct information. If you<br>use. If you are separated and you<br>ich a separate sheet to this form.  Describe Employment  | sible. If two married pec<br>are married and not fili<br>ur spouse is not filing w<br>On the top of any additi   | ng jointly, and your spouse is livin<br>ith you, do not include information<br>ional pages, write your name and c  | d Debtor 2), both are equally responsible fo<br>g with you, include information about your<br>about your spouse. If more space is needed<br>ase number (if known). Answer every questi                          |
| e a<br>upp<br>pot<br>tta | s complete and accurate as pos-<br>olying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  11: Describe Employment<br>information.  If you have more than one job,<br>attach a separate page with<br>information about additional   | sible. If two married pec<br>are married and not fili<br>ur spouse is not filing w   | ng jointly, and your spouse is livin ith you, do not include information ional pages, write your name and control Debtor 1   | d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed as e number (if known). Answer every question Debtor 2 or non-filing spouse |
| e a<br>upp<br>pot<br>tta | s complete and accurate as pos-<br>olying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  11: Describe Employment<br>information.  If you have more than one job,<br>attach a separate page with   | sible. If two married pec<br>are married and not fili<br>ur spouse is not filing w<br>On the top of any additi   | ng jointly, and your spouse is livin ith you, do not include information ional pages, write your name and complete the policy of | d Debtor 2), both are equally responsible for g with you, include information about your about your spouse. If more space is needed ase number (if known). Answer every question Debtor 2 or non-filing spouse  |
| Be a<br>uppoint<br>ttac  | s complete and accurate as pos-<br>olying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.  11: Describe Employment<br>information.  If you have more than one job,<br>attach a separate page with<br>information about additional   | sible. If two married pectors are married and not filing write spouse is not filing write on the top of any additional transfer of the | ng jointly, and your spouse is livin ith you, do not include information ional pages, write your name and complete to the page of the page | Debtor 2 or non-filing spouse  Debtor 2 or non-filing spouse  Mot employed  |
| Be a<br>suppos<br>spoot  | s complete and accurate as pos-<br>olying correct information. If you<br>use. If you are separated and you<br>the a separate sheet to this form.  Describe Employment  Fill in your employment  information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or | sible. If two married pector are married and not filing ure spouse is not filing when the top of any additional states.  Employment status  Occupation   | ng jointly, and your spouse is livin ith you, do not include information ional pages, write your name and conceptor 1  Employed  Not employed  Assistant Manager   | Debtor 2 or non-filing spouse  Debtor 2 or non-filing spouse  Mot employed  |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |     |          | non- | ming spouse |
|----|-----|----------|------|-------------|
| 2. | \$  | 3,652.05 | \$   | 0.00        |
| 3. | +\$ | 0.00     | +\$  | 0.00        |
| 4. | \$  | 3,652.05 | \$   | 0.00        |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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| Debt<br>Debt | or 1<br>or 2  | Bradley Allen Underwood<br>KLee Ann Underwood   | _           | Case      | number ( <i>if known</i> ) |           |                                  |
|--------------|---------------|---|-------------|-----------|----------------------------|-----------|----------------------------------|
|              |               |   |             | For       | Debtor 1                   |           | r Debtor 2 or<br>n-filing spouse |
|              | Сор           | y line 4 here   | 4.          | \$        | 3,652.05                   | \$        | 0.00                             |
| 5.           | List          | all payroll deductions:   |             |           |                            |           |                                  |
|              | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.         | \$        | 473.46                     | \$        | 0.00                             |
|              | 5b.           | Mandatory contributions for retirement plans  | 5b.         | \$        | 0.00                       | \$        | 0.00                             |
|              | 5c.           | Voluntary contributions for retirement plans  | 5c.         | \$        | 0.00                       | \$        | 0.00                             |
|              | 5d.           | Required repayments of retirement fund loans  | 5d.         | \$        | 0.00                       | \$_       | 0.00                             |
|              | 5e.           | Insurance   | 5e.         | \$_       | 234.00                     | \$_       | 0.00                             |
|              | 5f.           | Domestic support obligations  | 5f.         | \$_       | 78.78                      | \$_       | 0.00                             |
|              | 5g.<br>5h.    | Union dues Other deductions. Specify: dental  | 5g.<br>5h.+ | \$_<br>_  | 0.00<br>17.33              | *_<br>+   | 0.00                             |
|              | 011.          | vision  |             | \$<br>-   | 6.50                       | · \$_     | 0.00                             |
| 6.           | Δdd           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | —<br>6.     | *<br>\$   | 810.07                     | * –<br>\$ | 0.00                             |
| 7.           |               | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$<br>\$  |                            | \$<br>\$  | 0.00                             |
|              |               | • • • •   | 7.          | Φ_        | 2,841.98                   | Φ_        | 0.00                             |
| 8.           | 8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total               | 90          | ¢.        | 0.00                       | ¢.        | 0.00                             |
|              | 8b.           | monthly net income. Interest and dividends  | 8a.<br>8b.  | \$_<br>\$ | 0.00                       | \$_<br>\$ | 0.00<br>0.00                     |
|              | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |             | \$<br>\$  | 0.00                       | \$<br>\$  | 0.00                             |
|              | 8d.           | Unemployment compensation   | 8d.         | \$<br>    | 0.00                       | \$<br>\$  | 0.00                             |
|              | 8e.           | Social Security   | 8e.         | \$-       | 0.00                       | \$-       | 0.00                             |
|              | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   |             | \$        | 0.00                       | \$        | 0.00                             |
|              | 8g.           | Pension or retirement income  | 8g.         | \$        | 0.00                       | \$        | 0.00                             |
|              | 8h.           | Other monthly income. Specify: Sons Social Security   | 8h.+        | \$_       | 0.00                       | + \$_     | 771.00                           |
| 9.           | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.          | \$        | 0.00                       | \$_       | 771.00                           |
| 10.          |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$      |           | 2,841.98 + \$_             |           | 771.00 = \$ 3,612.98             |
| 11.          | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify: | depen       |           | •                          |           |                                  |
| 12.          |               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies   |             |           |                            |           | 12. <b>\$ 3,612.98</b>           |
| 13.          | Do y          | you expect an increase or decrease within the year after you file this form No.   | ?           |           |                            |           | Combined monthly income          |
|              | П             | Ves Explain:  |             |           |                            |           |                                  |

|      |                            |                                     |                        |  |  | _             |                                  |   |
|------|----------------------------|-------------------------------------|------------------------|--|--|---------------|----------------------------------|---|
| Fill | in this informa            | ation to identify yo                | our case:              |  |  |               |                                  |   |
| Deb  | otor 1                     | Bradley Alle                        | n Underv               | vood   |  | Che           | ck if this is: An amended filing |   |
| 1    | otor 2<br>ouse, if filing) | KLee Ann U                          | nderwoo                | d  |  |               | A supplement show                | wing postpetition chapter the following date: |
| Unit | ted States Bank            | ruptcy Court for the                | : SOUTH                | IERN DISTRICT OF OHIC  | )                                      |               | MM / DD / YYYY                   |   |
|      | se number<br>nown)         |                                     |                        |  |  |               |                                  |   |
| 0    | fficial Fo                 | orm 106J                            |                        |  |  |               |                                  |   |
| S    | chedule                    | J: Your                             | Exper                  | ises   |  |               |                                  | 12/15   |
| Be   | as complete ormation. If m | and accurate as                     | possible<br>eded, atta | . If two married people and the control of the cont |  |               |                                  |   |
| Par  | t 1: Desci                 | ribe Your House                     | hold                   |  |  |               |                                  |   |
| 1.   | Is this a join             | nt case?                            |                        |  |  |               |                                  |   |
|      | ☐ No. Go to                | o line 2.                           |                        |  |  |               |                                  |   |
|      | Yes. Doe                   | es Debtor 2 live i                  | in a separ             | ate household?   |  |               |                                  |   |
|      | □ N<br>■ ∨                 |                                     | et file Offic          | al Form 106J-2, Expenses   | s for Sonarato House                   | ahald of Dak  | otor 2                           |   |
|      | _ '                        | es. Debiol 2 mus                    | st life Offic          | ai Foitii 1005-2, Experises  | s ioi Separate House                   | eriola di Del | NOI Z.                           |   |
| 2.   | Do you hav                 | e dependents?                       | ☐ No                   |  |  |               |                                  |   |
|      | Do not list D<br>Debtor 2. | ebtor 1 and                         | ■ Yes.                 | Fill out this information for each dependent   | Dependent's relat<br>Debtor 1 or Debto |               | Dependent's age                  | Does dependent live with you?                 |
|      | Do not state               | the                                 |                        |  |  |               |                                  | □ No  |
|      | dependents                 | names.                              |                        |  | Daughter                               |               | 6yrs.                            | ■ Yes<br>□ No                                 |
|      |                            |                                     |                        |  | Son                                    |               | 8yrs.                            | ■ Yes   |
|      |                            |                                     |                        |  |  |               |                                  | □ No  |
|      |                            |                                     |                        |  |  |               |                                  | ☐ Yes   |
|      |                            |                                     |                        |  |  |               |                                  | □ No<br>□ Yes                                 |
| 3.   | Do your exp                | penses include                      |                        | No   |  |               |                                  | □ Tes   |
|      |                            | f people other to<br>d your depende | han 🦳                  | Yes  |  |               |                                  |   |
| Est  | imate your ex              | a date after the l                  | our bankr              | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp   |  |               |                                  |   |
| the  |                            | h assistance an                     |                        | government assistance i<br>cluded it on <i>Schedule I:</i> Y   |  |               | Your exp                         | enses   |
| 4.   |                            | or home owners                      |                        | ses for your residence. I<br>or lot.   | nclude first mortgag                   | e 4. S        | \$                               | 800.00  |
|      | If not include             | ded in line 4:                      |                        |  |  |               |                                  |   |
|      | 4a. Real                   | estate taxes                        |                        |  |  | 4a. S         | \$                               | 0.00  |
|      |                            | erty, homeowner's                   | s, or renter           | 's insurance   |  | 4b.           | ·                                | 0.00  |
|      |                            |                                     |                        | upkeep expenses  |  | 4c.           | ·                                | 0.00  |
| E    |                            | owner's associat                    |                        |  | mo oquity loops                        | 4d. 5         |                                  | 0.00  |
| 5.   | Auditional                 | mortgage payme                      | ento lut y             | <b>our residence</b> , such as ho  | ine equity loans                       | ວ. ເ          | Ψ                                | 0.00  |

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| ebtor 1<br>ebtor 2 | Bradley Allen Underwood  | Caaa m       | har (if known)      |                                       |
|--------------------|--|--------------|---------------------|---------------------------------------|
| ebioi 2            | KLee Ann Underwood   | Case num     | ber (if known)      |                                       |
| . Util             | ties:  |              |                     |                                       |
| 6a.                | Electricity, heat, natural gas   | 6a.          | \$                  | 150.00                                |
| 6b.                | Water, sewer, garbage collection   | 6b.          | \$                  | 28.00                                 |
| 6c.                | Telephone, cell phone, Internet, satellite, and cable services                                 | 6c.          | \$                  | 0.00                                  |
| 6d.                | Other. Specify: Cable & Internet   | 6d.          | \$                  | 71.00                                 |
|                    | Cell Phone   |              | \$                  | 120.00                                |
| Foo                | d and housekeeping supplies  |              | \$                  | 250.00                                |
|                    | dcare and children's education costs   | 8.           | \$                  | 0.00                                  |
| Clo                | thing, laundry, and dry cleaning   | 9.           | \$                  | 45.00                                 |
|                    | sonal care products and services   | 10.          | \$                  | 25.00                                 |
|                    | lical and dental expenses  | 11.          | *                   | 0.00                                  |
|                    | nsportation. Include gas, maintenance, bus or train fare.                                      |              | <u> </u>            | 0.00                                  |
|                    | not include car payments.  | 12.          | \$                  | 150.00                                |
|                    | ertainment, clubs, recreation, newspapers, magazines, and books                                | 13.          | \$                  | 35.00                                 |
|                    | ritable contributions and religious donations  | 14.          | \$                  | 0.00                                  |
| Ins                | ırance.  |              |                     |                                       |
| Do                 | not include insurance deducted from your pay or included in lines 4 or 20.                     |              |                     |                                       |
| 15a                | Life insurance   | 15a.         | \$                  | 0.00                                  |
| 15b                | . Health insurance   | 15b.         | \$                  | 0.00                                  |
| 15c                | Vehicle insurance  | 15c.         | \$                  | 116.59                                |
| 15d                | Other insurance. Specify:  | 15d.         | \$                  | 0.00                                  |
| . Tax              | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                  |              |                     |                                       |
| Spe                | cify:  | 16.          | \$                  | 0.00                                  |
|                    | allment or lease payments:   |              |                     |                                       |
| 17a                | . Car payments for Vehicle 1   | 17a.         | \$                  | 308.24                                |
|                    | . Car payments for Vehicle 2   | 17b.         |                     | 0.00                                  |
| 17c                | Other. Specify: Matco  | 17c.         | \$                  | 130.00                                |
| 17d                | Other. Specify: <b>John Andrews</b>  | 17d.         | \$                  | 152.00                                |
|                    | Rent-2-Own   |              | \$                  | 177.15                                |
| . Υοι              | r payments of alimony, maintenance, and support that you did not report as                     | 3            |                     | 0.00                                  |
|                    | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                   | 18.          |                     | 0.00                                  |
|                    | er payments you make to support others who do not live with you.                               |              | \$                  | 0.00                                  |
|                    | cify:  | 19.          | _                   |                                       |
|                    | er real property expenses not included in lines 4 or 5 of this form or on Scho                 |              |                     | 0.00                                  |
|                    | Mortgages on other property  | 20a.         |                     | 0.00                                  |
|                    | Real estate taxes  | 20b.         |                     | 0.00                                  |
|                    | Property, homeowner's, or renter's insurance   | 20c.         | ·                   | 0.00                                  |
|                    | Maintenance, repair, and upkeep expenses   | 20d.         |                     | 0.00                                  |
|                    | Homeowner's association or condominium dues  | 20e.         |                     | 0.00                                  |
| Oth                | er: Specify:   | 21.          | +\$                 | 0.00                                  |
| Cal                | culate your monthly expenses   |              |                     |                                       |
|                    | Add lines 4 through 21.  |              | \$                  | 2,557.98                              |
|                    | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                |              | \$                  | 1,055.00                              |
|                    |  |              | ·                   | · · · · · · · · · · · · · · · · · · · |
| 22c                | Add line 22a and 22b. The result is your monthly expenses.                                     |              | \$                  | 3,612.98                              |
| Cal                | culate your monthly net income.  |              |                     | J                                     |
|                    | Copy line 12 (your combined monthly income) from Schedule I.                                   | 23a.         | \$                  | 3,612.98                              |
|                    | Copy your monthly expenses from line 22c above.  | 23b.         | ·                   | 3,612.98                              |
| _00                |  | 200.         |                     | 3,012.30                              |
| 230                | Subtract your monthly expenses from your monthly income.                                       |              |                     |                                       |
| _00                | The result is your <i>monthly net income</i> .   | 23c.         | \$                  | 0.00                                  |
|                    | , ,  |              |                     |                                       |
|                    | you expect an increase or decrease in your expenses within the year after yo                   |              |                     |                                       |
|                    | example, do you expect to finish paying for your car loan within the year or do you expect you | r mortgage p | payment to increase | or decrease because of                |
|                    | ification to the terms of your mortgage?   |              |                     |                                       |
|                    |  |              |                     |                                       |
| Пν                 | Yes Explain here:  |              |                     |                                       |

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|              |  | lley Allen Unde<br>e Ann Underwe                        |                  |  | Case                               | numb       | per (if known)  |                                     |
|--------------|--|---|------------------|--|------------------------------------|------------|---|-------------------------------------|
|              |  |   |                  |  |                                    |            |   |                                     |
| Fill i       | n this informa   | ation to identify yo                                    | our case:        |  |                                    |            |   |                                     |
| Debt         | tor 1  | Bradley Alle  | n Under          | wood   |                                    |            | if this is:   |                                     |
| Debt<br>(Spo | tor 2<br>buse, if filing)  | KLee Ann Ur   | nderwoo          | d  |                                    | -<br>] A   | n amended filing<br>supplement showing<br>openses as of the follo | postpetition chapter 13 owing date: |
| Unite        | ed States Bank   | cruptcy Court for the                                   | SOUT             | HERN DISTRICT OF OHIO  | <u> </u>                           | M          | M / DD / YYYY   |                                     |
|              | e number<br>nown)  |   |                  |  |                                    |            |   |                                     |
|              |  |   |                  |  |                                    | ]          |   |                                     |
| Sc           | chedule<br>this form fo  | or Debtor 2's sep                                       | r Exp            | enses for Sepa   | F Debtor 1 and Debtor 2            | 2 maiı     | ntain separate hous   | eholds. If Debtor 1 and             |
| forn<br>spa  | n only with i  | respect to expend, attach another                       | ses for D        | n common, list the dependence that are not repore this form. On the top of a | ted on Schedule J. Be              | as co      | mplete and accurate   | e as possible. If more              |
| Part         | 11: Desc   | ribe Your House   | hold             |  |                                    |            |   |                                     |
| 1.           | •  | d Debtor 1 maint<br>Do not complete                     |                  | ate households?  |                                    |            |   |                                     |
| 2.           | Do you hav   | ve dependents?  | □ No             |  |                                    |            |   |                                     |
|              | Do not list I list all other dependents regardless of listed as a cof Debtor 1 Schedule J. | of Debtor 2<br>of whether<br>dependent<br>on            | ■ Yes.           | Fill out this information for each dependent                                 | Dependent's relationsh<br>Debtor 2 | ip to      | Dependent's<br>age  | Does dependent<br>live with you?    |
|              | Do not state   |   |                  |  |                                    |            |   | □ No                                |
|              | dependents   |   |                  |  | Daughter                           |            | 6yrs.   | ■ Yes                               |
|              |  |   |                  |  |                                    |            |   | □ No                                |
|              |  |   |                  |  | Son                                |            | 8yrs.   | Yes                                 |
|              | •  |   |                  |  |                                    |            |   | □ No<br>□ Yes                       |
|              | •  |   |                  |  |                                    |            |   | □ No<br>□ Yes                       |
| 3.           | expenses of  | penses include<br>of people other t<br>nd your depende  | han <sub>–</sub> | No<br>Yes  |                                    |            |   |                                     |
| Esti         | imate your e   | nate Your Ongoi<br>xpenses as of yo<br>a date after the | our bankı        | ruptcy filing date unless y  | ou are using this form             | as a s     | supplement in a Cha   | pter 13 case to report              |
|              |  |   |                  | government assistance i<br>on Schedule I: Your Incom                         |                                    |            | Your expenses   |                                     |
| 4.           |  | or home owners<br>nd any rent for th                    |                  | nses for your residence. In<br>or lot.                                       | nclude first mortgage              | 4.         | \$  | 0.00                                |
|              | If not inclu   | ded in line 4:  |                  |  |                                    |            |   |                                     |
|              |  | estate taxes  | or ronto         | r'e incurance  |                                    | 4a.<br>4b. |   | 0.00                                |
|              | +υ. Γιυρί  | erty, homeowner's                                       | s, or rente      | ı ə iiləulalile  |                                    | 4IJ.       | Ψ   | 0.00                                |

Official Form 106J Schedule J: Your Expenses page 3

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| Debtor 1<br>Debtor 2      | Bradley Allen Underwood<br>KLee Ann Underwood  | Case num    | ber (if known)                          |                          |
|---------------------------|--|-------------|---|--------------------------|
| 4.5                       | Home maintenance, repair and unkness expenses  | 4.5         | Ф                                       | 0.00                     |
| 4c.<br>4d.                | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues  | 4c.<br>4d.  | · · · — — — — — — — — — — — — — — — — — | 0.00                     |
|                           |  |             |   | 0.00                     |
| . Addit                   | tional mortgage payments for your residence, such as home equity loans   | 5.          | \$                                      | 0.00                     |
| Utiliti                   |  |             |   |                          |
| 6a.                       | Electricity, heat, natural gas   | 6a.         | ·                                       | 0.00                     |
| 6b.                       | Water, sewer, garbage collection   | 6b.         | \$                                      | 0.00                     |
| 6c.                       | Telephone, cell phone, Internet, satellite, and cable services   | 6c.         | \$                                      | 0.00                     |
| 6d.                       | Other. Specify: Cell Phone   | 6d.         | \$                                      | 120.00                   |
| Food                      | and housekeeping supplies  |             | \$                                      | 400.00                   |
| Child                     | care and children's education costs  | 8.          | \$                                      | 0.00                     |
| Cloth                     | ning, laundry, and dry cleaning  | 9.          | \$                                      | 70.00                    |
|                           | onal care products and services  | 10.         | \$                                      | 50.00                    |
|                           | cal and dental expenses  | 11.         | ·                                       | 50.00                    |
|                           | sportation. Include gas, maintenance, bus or train fare.   |             | *                                       |                          |
|                           | ot include car payments.   | 12.         | \$                                      | 100.00                   |
|                           | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.         | \$                                      | 100.00                   |
|                           | itable contributions and religious donations   | 14.         | ·                                       | 0.00                     |
| . Insur                   | _  |             | *                                       |                          |
| Do no                     | of include insurance deducted from your pay or included in lines 4 or 20.  |             |   |                          |
|                           | Life insurance   | 15a.        | \$                                      | 0.00                     |
| 15b.                      | Health insurance   | 15b.        | \$                                      | 0.00                     |
| 15c.                      | Vehicle insurance  | 15c.        | \$                                      | 100.00                   |
| 15d.                      | Other insurance. Specify:  | 15d.        | · ·                                     | 0.00                     |
|                           | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   |             | Ť                                       | <u> </u>                 |
| Speci                     |  | 16.         | \$                                      | 0.00                     |
|                           | Ilment or lease payments:  |             |   |                          |
|                           | Car payments for Vehicle 1   | 17a.        | \$                                      | 0.00                     |
|                           | Car payments for Vehicle 2   | 17b.        | \$                                      | 0.00                     |
|                           | Other. Specify: CPAP   | 17c.        | \$                                      | 65.00                    |
|                           | payments of alimony, maintenance, and support that you did not report as   |             | •                                       |                          |
|                           | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  |             | \$                                      | 0.00                     |
|                           | r payments you make to support others who do not live with you.  |             | \$                                      | 0.00                     |
| Speci                     | ify:   | 19.         |   |                          |
| ). Othe                   | r real property expenses not included in lines 4 or 5 of this form or on School  | edule I: Yo | our Income.                             |                          |
| 20a.                      | Mortgages on other property  | 20a.        | \$                                      | 0.00                     |
| 20b.                      | Real estate taxes  | 20b.        | \$                                      | 0.00                     |
| 20c.                      | Property, homeowner's, or renter's insurance   | 20c.        | \$                                      | 0.00                     |
|                           | Maintenance, repair, and upkeep expenses   | 20d.        | \$                                      | 0.00                     |
|                           | Homeowner's association or condominium dues  | 20e.        | · -                                     | 0.00                     |
|                           | r: Specify:  |             | +\$                                     | 0.00                     |
|                           |  |             |   |                          |
|                           | monthly expenses. Add lines 5 through 21.  |             | \$                                      | 1,055.00                 |
|                           | esult is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedulate the total expenses for Debtor 1 and Debtor 2.   | ule J to    |   |                          |
| 3. Line r                 | not used on this form.   |             |   |                          |
| 4. <b>Do yo</b><br>For ex | not used off this form.  but expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage? |             |   | or decrease because of a |

| ■ No.  |               |
|--------|---------------|
| ☐ Yes. | Explain here: |

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| Fill in this       | s information to identify your  | case:                    |                                |                                    |                     |
|--------------------|---|--------------------------|--------------------------------|------------------------------------|---------------------|
|                    |   |                          |                                |                                    |                     |
| Debtor 1           | Bradley Allen Un  | Middle Name              | Last Name                      |                                    |                     |
| Debtor 2           | KLee Ann Under  | wood                     |                                |                                    |                     |
| (Spouse if, filing | ing) First Name   | Middle Name              | Last Name                      |                                    |                     |
| United Sta         | ates Bankruptcy Court for the:  | SOUTHERN DISTRIC         | T OF OHIO                      |                                    |                     |
| Case num           | ber   |                          |                                |                                    |                     |
| (if known)         |   |                          |                                |                                    | ck if this is an    |
|                    |   |                          |                                | amer                               | nded filing         |
|                    |   |                          |                                |                                    |                     |
| Official           | Form 106Dec   |                          |                                |                                    |                     |
| Decla              | aration About a   | an Individua             | I Debtor's Sch                 | edules                             | 12/15               |
| lf 4a manua        | riad paople are filipe to nothe   | u hath are equally ream  |                                | at information                     |                     |
| i two iliali       | ried people are filing togethe  | i, both are equally resp | onsible for supplying correc   | t information.                     |                     |
|                    |   |                          |                                | laking a false statement, conceali |                     |
|                    | money or property by fraud in the standing of |                          | nkruptcy case can result in f  | ines up to \$250,000, or imprisonn | nent for up to 20   |
| ,                  | ,   |                          |                                |                                    |                     |
|                    |   |                          |                                |                                    |                     |
|                    | Sign Below  |                          |                                |                                    |                     |
| Did y              | ou pay or agree to pay some   | eone who is NOT an atto  | orney to help you fill out ban | kruptcy forms?                     |                     |
| <b>=</b> 1         | No  |                          |                                |                                    |                     |
|                    | Yes. Name of person   |                          |                                | Attach Bankruptcy Petition F       | Preparer's Notice,  |
| _                  | ·   |                          |                                | Declaration, and Signature (       | (Official Form 119) |
|                    |   |                          |                                |                                    |                     |
|                    | r penalty of perjury, I declare<br>hey are true and correct.  | that I have read the sur | nmary and schedules filed w    | vith this declaration and          |                     |
| tilat ti           | ney are true and correct.   |                          |                                |                                    |                     |
|                    | s/ Bradley Allen Underwo  | od                       | X /s/ KLee Ann                 |                                    |                     |
|                    | Bradley Allen Underwood   |                          | KLee Ann Un                    |                                    |                     |
| Si                 | ignature of Debtor 1  |                          | Signature of De                | DIOF Z                             |                     |
| D                  | Date June 18, 2019  |                          | Date                           | 8, 2019                            |                     |
|                    |   |                          |                                |                                    |                     |

Acceptance Now Attn: Acceptancenow Customer Service / B 5501 Headquarters Dr Plano, TX 75024

AmSher Collection Srv 4524 Southlake Parkway Ste 15 Hoover, AL 35244

AT&T c/o Bankruptcy 4331 Communications Dr., Flr 4W Dallas, TX 75211

Attorney Howard Baumwell 600 South Pearl Street Columbus, OH 43206

Attorney Mark Sheriff Two Miranova Place Suite 700 Columbus, OH 43215

Attorney Robert M Storey 737 Enterprise Dr. Suite 200 Lewis Center, OH 43035

Berger Health System 600 North Pickaway Street Circleville, OH 43113

Caine & Weiner Attn: Bankruptcy 5805 Sepulveda Blvd Sherman Oaks, CA 91411

Cbe Group Attn: Bankruptcy 1309 Technology Parkway Cedar Falls, IA 50613

Ccs Collections 725 Canton St Norwood, MA 02062

Charter Communications Recoveries, c/o Charter Communications 12238 Silicon Dr., Ste 129 San Antonio, TX 78249

Chase Bank P.O. Box 659732 San Antonio, TX 78265 Choice Recovery 1550 Old Henderson Road Suite 100 Columbus, OH 43220

Coastal Credit Llc Attn: Bankruptcy Department 3852 Virginia Beach Blvd. Virginia Beach, VA 23452

Columbia Gas of Ohio Inc. 290 W. Nationwide Blvd 5th Floor Bankruptcy Department Columbus, OH 43215

Commonwealth Financial Systems Attn: Bankruptcy 245 Main Street Dickson City, PA 18519

Credit Adjustments, Inc. 330 Florence Street Defiance, OH 43512

Credit Collection Services Attn: Bankruptcy 725 Canton St Norwood, MA 02062

Credit Solutions LLc 2277 Thunderstick Dr Ste 400 Lexington, KY 40505

Creditors Collection Service Attn: Bankruptcy Po Box 21504 Roanoke, VA 24018

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

Fairfield County Municipal Court 136 W. Main Street Lancaster, OH 43130-5930

Fairfield Medical Center Contracts & Collections 1149 East Main St Lancaster, OH 43130

Fairfield Medical Center 401 N. Ewing Street Lancaster, OH 43130

Fashion Bug/WFNB P.O. Box 182125 Columbus, OH 43218

Fifth Third Bank Attn: Bankruptcy Department 1830 E Paris Ave Se Grand Rapids, MI 49546

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Frontier Communications 19845 N. US Highway 31 Westfield, IN 46074

Grange Insurance 671 South High Street P.O. Box 1218 Columbus, OH 43216

Honor Finance 909 Davis Street Suite 260 Evanston, IL 60201

Huntington National Bank Attn: Bankruptcy Po Box 340996 Columbus, OH 43234

I C System Inc Attn: Bankruptcy P.O. Box 64378 St. Paul, MN 55164

Jefferson Capital Systems, LLC Po Box 1999 Saint Cloud, MN 56302

Jefferson Capital Systems, LLC 2401 Stanley Gault Parkway Louisville, KY 40223

John Andrews 6013 Warbling Lane Westerville, OH 43081

KLee Underwood c/o Fairfield County CSEA 239 West Main Street Lancaster, OH 43130 Mac Tools 505 N. Cleveland Ave. Westerville, OH 43082

Matco Tools Attn: Bankruptcy 4403 Allen Rd Stow, OH 44224

Midwest Recovery Systems Attn: Bankruptcy Po Box 899 Florissant, MO 63032

National Service Bureau, Inc Attn: Bankruptcy 18912 North Creek Pkwy, Suite 205` Bothwell, WA 98011

Nationwide Insurance Three Nationwide Plaza Mail Code 3-11-310 Columbus, OH 43215

Ohio Attorney General Collection Enforcement Section 150 E. Gay Street, 21st Floor Columbus, OH 43215

Ohio Department of Taxation Bankruptcy Division PO Box 530 Columbus, OH 43216

Ohio Dept of Taxation 150 E. Gay Street, 21st Floor Columbus, OH 43215

Ohio Dept of Taxation 30 E. Broad Street, 21st Floor Columbus, OH 43215

Ohio Emergency Professionals c/o HCFS, LLC 3585 Ridge Park Dr. Akron, OH 44333-8203

Ohio Mutual Insurance Group 1725 Hopley Ave. Bucyrus, OH 44820

Online Collections Attn: Bankruptcy Po Box 1489 Winterville, NC 28590 Patient Transport Service 420 Wards Corner Rd. # B Loveland, OH 45140

Phoenix Financial Services. Llc Attn: Bankruptcy Po Box 361450 Indianapolis, IN 46236

Progressive Direct Insurance Co. 55 Public Square 800 Cleveland, OH 44113

Regional Income Tax Agency Attn: Legal Dept PO Box 470537 Broadview Heights, OH 44147-0537

Rent-2-Own 621 N. Memorial Dr. Lancaster, OH 43130

Riverside Radiology & Interventional 100 E Campus Vide Blvd., Suite 100 Columbus, OH 43235

Rotech Healthcare, Inc. P.O. Box 4829 Plant City, FL 33563

Snap On Credit
950 Technology Way
Suite 301
Libertyville, IL 60048

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

Sprint Nextel Correspondence Attn: Bankruptcy Dept PO Box 7949 Overland Park, KS 66207-0949

T-Mobile Bankruptcy Team PO Box 53410 Bellevue, WA 98015-3410

Tebo Financial 4740 Belpar St NW, A Canton, OH 44718 TRACIR Financial Services 2040 Brice Road Suite 200 Reynoldsburg, OH 43068

US Bank Attn: Bankruptcy Dept. 4801 Frederica St Owensboro, KY 42301

Verizon Wireless Bankruptcy Admin 500 Technology Drive Suite 550 Saint Charles, MO 63304

Westlake Portfolio Management PO Box 76809 Los Angeles, CA 90054-0809

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |        | Liquidation        |
|------------|--------|--------------------|
|            | \$245  | filing fee         |
|            | \$75   | administrative fee |
|            | + \$15 | trustee surcharge  |
|            | \$335  | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

|   | heck one box only as                                   | directed in this form an   | d in Form                          |
|---|--|--|------------------------------------|
| Debtor 1 Bradley Allen Underwood  | 22A-1Supp:   |  |                                    |
| Debtor 2 KLee Ann Underwood   | ■ 1. There is no pres                                  | sumption of abuse  |                                    |
| United States Bankruptcy Court for the: Southern District of Ohio   | applies will be  | to determine if a presu<br>made under <i>Chapter 7</i><br>ficial Form 122A-2). | •                                  |
| Case number (if known)  |  | t does not apply now b<br>y service but it could a                             |                                    |
|   | ☐ Check if this is a                                   | an amended filing  |                                    |
| Official Form 122A - 1  |  |  |                                    |
| <b>Chapter 7 Statement of Your Current Monthly In</b>   | come   |  | 12/15                              |
| Be as complete and accurate as possible. If two married people are filing together, both are equ attach a separate sheet to this form. Include the line number to which the additional information case number (if known). If you believe that you are exempted from a presumption of abuse beca qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Part 1:  Calculate Your Current Monthly Income | n applies. On the top of a<br>nuse you do not have pri | ny additional pages, wr<br>marily consumer debts                               | ite your name and<br>or because of |
| What is your marital and filing status? Check one only.   |  |  |                                    |
| □ Not married. Fill out Column A, lines 2-11.   |  |  |                                    |
| ■ Married and your spouse is filing with you. Fill out both Columns A and B, line   | s 2-11.  |  |                                    |
| ☐ Married and your spouse is NOT filing with you. You and your spouse are:  |  |  |                                    |
| ☐ Living in the same household and are not legally separated. Fill out both C   | columns A and B, lines                                 | 2-11.  |                                    |
| ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do repenalty of perjury that you and your spouse are legally separated under nonballiving apart for reasons that do not include evading the Means Test requirement.  | ankruptcy law that appli                               | es or that you and you   |                                    |
| Fill in the average monthly income that you received from all sources, derived during the 6 from 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include spouses own the same rental property, put the income from that property in one column only. If you                           | ough August 31. If the am<br>ude any income amount n   | ount of your monthly incomore than once. For exam                              | me varied during ple, if both      |
|   | Column A Debtor 1                                      | Column B Debtor 2 or non-filing spouse   |                                    |
| <ol> <li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before al<br/>payroll deductions).</li> </ol>  | \$ 3,795.06  | \$ 0.00  |                                    |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.  | \$ 0.00  | \$ 0.00  |                                    |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.  |  | \$ 0.00  |                                    |
| 5. Net income from operating a business, profession, or farm  | *  |  |                                    |

Debtor 1 0.00

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

0.00

\$

0.00

0.00

-\$

\$ **-**\$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Net monthly income from a business, profession, or farm \$

0.00

0.00

0.00

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**Bradley Allen Underwood** Debtor 1 **KLee Ann Underwood** Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse \$ Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Medical Support for Children 0.00 7.77 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 3,795.06 7.77 3,802.83 \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,802.83 Multiply by 12 (the number of months in a year) **x** 12 45,633.96 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: OH Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 89,454.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Bradley Allen Underwood X /s/ KLee Ann Underwood **Bradley Allen Underwood KLee Ann Underwood** Signature of Debtor 1 Signature of Debtor 2 Date June 18, 2019 Date June 18, 2019 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Bradley Allen Underwood KLee Ann Underwood

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2018 to 05/31/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment Income-Auto Systems

Income by Month:

| 6 Months Ago: | 12/2018            | \$4,229.07 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2019            | \$3,041.29 |
| 4 Months Ago: | 02/2019            | \$3,496.88 |
| 3 Months Ago: | 03/2019            | \$3,932.64 |
| 2 Months Ago: | 04/2019            | \$3,382.23 |
| Last Month:   | 05/2019            | \$4,688.26 |
|               | Average per month: | \$3,795,06 |

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Debtor 1 Bradley Allen Underwood KLee Ann Underwood

Case number (if known)

#### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period 12/01/2018 to 05/31/2019.

#### Line 10 - Income from all other sources

Source of Income: Medical Support for Children

Income by Month:

| 6 Months Ago: | 12/2018            | \$0.00  |
|---------------|--------------------|---------|
| 5 Months Ago: | 01/2019            | \$0.00  |
| 4 Months Ago: | 02/2019            | \$0.00  |
| 3 Months Ago: | 03/2019            | \$46.60 |
| 2 Months Ago: | 04/2019            | \$0.00  |
| Last Month:   | 05/2019            | \$0.00  |
|               | Average per month: | \$7.77  |

Non-CMI - Social Security Act Income Source of Income: Sons Social Security Constant income of \$771.00 per month.